



Important information regarding variations to training contracts

The parties to a training contract may vary a training contract, subject to approval by the Apprenticeship Office. All parties should agree to the details of a variation before a party gives notice to the Apprenticeship Office. The variation comes into effect only when the Apprenticeship Office approves the variation.

To give notice:

- the parties must agree to the proposed variation;
- a party should complete the attached form;
- the employer and/or apprentice* (and parent/guardian if applicable) should sign the form before submitting it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au.

Please note: at least one party is required to sign the attached form to effect the variation.

The variation form can be used to apply to vary any or all of the following details of the training contract:

- The qualification and trade to which the contract relates. The nominal term of your contract may vary as a result of this change, if applicable. (*Please note: you must state the intended occupation during the training contract*).
- The nominated training provider. (*Please note: you must state the campus if making a variation to a TAFE college*).
- The employment type (for example, full time, part time or school-based). The nominal term of your contract may vary as a result of this change, if applicable.
- The employment arrangement that governs the employment of the apprentice.
- Any other details of the training contract.

This form should not be used for the following:

- to vary the nominal term for the Metals trades apprenticeship, as the applicable nominal term is specified in the relevant award;
- to extend/suspend/terminate a training contract; or
- to assign (transfer) a training contract to another employer.

Alternatives to varying the training contract

If you wish to discuss possible alternatives please contact your Australian Apprenticeship Support Network provider on 13 38 73. Your AASN provider offers support throughout the life of the training contract to the parties and also provides job matching services. If you have any concerns regarding variations, please contact the Apprenticeship Office on 13 19 54.

**The term 'apprentice' covers apprentices, trainees, cadets and interns.*

Notice to vary a training contract

Please read the information sheet before completing and returning this form. If you have any questions or concerns, contact the Apprenticeship Office before signing this form. Email the completed form to apprenticeshipoffice@dtwd.wa.gov.au.

Apprentice's details										
Name:	Training contract ID:									
Address:	Suburb:	PC:								
Mobile:	Email:									
Employer's details										
Legal name:										
Trading name:										
Address:	Suburb:	PC:								
Contact person:	Contact no:									
Email:										
Host employer (if applicable):										
Please indicate the details of the training contract that the parties agree to change:										
<ul style="list-style-type: none"> • The new qualification title: _____ • New stream or apprenticeship/traineeship name: _____ • Qualification code: _____ Intended occupation: _____ <ul style="list-style-type: none"> ○ (If applicable, the nominal period of the contract will also vary with the qualification change.) • The new nominated training provider: _____ <ul style="list-style-type: none"> ○ Campus name/ location or code (TAFE colleges only): _____ • The change of employment type request is: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> from full time to part time</td> <td style="width: 30%;">- New hours of employment and training _____</td> </tr> <tr> <td><input type="checkbox"/> from part time to full time</td> <td>- New hours of employment and training _____</td> </tr> <tr> <td><input type="checkbox"/> from school-based to full time</td> <td>- New hours of employment and training _____</td> </tr> <tr> <td><input type="checkbox"/> from school-based to part time</td> <td>- New hours of employment and training _____</td> </tr> </table> • The new employment arrangement Name of agreement/award: _____ • Other (please state): _____ 			<input type="checkbox"/> from full time to part time	- New hours of employment and training _____	<input type="checkbox"/> from part time to full time	- New hours of employment and training _____	<input type="checkbox"/> from school-based to full time	- New hours of employment and training _____	<input type="checkbox"/> from school-based to part time	- New hours of employment and training _____
<input type="checkbox"/> from full time to part time	- New hours of employment and training _____									
<input type="checkbox"/> from part time to full time	- New hours of employment and training _____									
<input type="checkbox"/> from school-based to full time	- New hours of employment and training _____									
<input type="checkbox"/> from school-based to part time	- New hours of employment and training _____									
By signing this form, I hereby certify that I have read and understood the information in the information sheet and confirm that all parties to the training contract have agreed to vary the training contract as per the variation details on this form. (Only one party is required to sign this form).										
_____ Apprentice name Please print	_____ Apprentice signature	_____ Date								
_____ Employer representative name Please print	_____ Employer's signature	_____ Date								
_____ Guardian's name (required if apprentice under 18) Please print	_____ Guardian's signature	_____ Date								

Apprenticeship Office

T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au

W: dtwd.wa.gov.au/apprenticeshipoffice