



Important information regarding variations to training contracts

The parties to a training contract may vary a training contract. All parties should agree to the details of a variation before a party gives notice to Apprenticeship Office. The variation will come into effect once Apprenticeship Office approves the variation.

The employer and/or apprentice* (and parent/guardian if applicable) can submit the variation via the WAAMS online client portal at waams.dtwd.wa.gov.au. WAAMS gives you 24/7 online access to manage your training contracts and submit changes. Where possible, change requests submitted via the WAAMS client portal will be instantly approved.

Alternatively, you can complete and sign this form before submitting it to Apprenticeship Office via email to apprenticeshipoffice@dtwd.wa.gov.au.

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

The parties to a training contract can apply to vary any or all of the following details.

- 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 are required to state the intended occupation during the training contract*);
- The nominated training provider (please note: if the variation is approved a new training plan is required to be negotiated and signed by the new nominated training provider, employer an apprentice and Apprenticeship Office needs to be notified);
- The employment type (for example, full time, part time, averaging of part time hours 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 and apprentice; and
- any other details of the training contract.

Alternatives to varying the training contract

If you wish to discuss possible alternatives please contact your Australian Apprenticeship Support Network (AASN) provider. Your AASN provider offers support throughout the life of the training contract to the parties and also provides job matching services.

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

Notice to vary a training contract

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

Apprentice details														
Name:	Training contract ID:													
Address:	Suburb:	Postcode:												
Mobile:	Email:													
Employer details														
Legal name:														
Trading name:														
Address:	Suburb	Postcode:												
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: _____ <i>(if applicable, the nominal period of the contract will also vary with the qualification change)</i> • The new nominated training provider: _____ <i>(Please note that if you change to a training provider who is not in receipt of public funding, additional training fees may apply. A list of publicly funded training providers can be accessed at stars.dtwd.wa.gov.au/cpl)</i> • The change of employment type request is: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">From:</td> <td style="width: 30%;">To:</td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> Full time</td> <td><input type="checkbox"/> Full time</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Part time</td> <td><input type="checkbox"/> Part time</td> <td style="text-align: right;">New hours of employment and training _____</td> </tr> <tr> <td><input type="checkbox"/> Averaging of Part time</td> <td><input type="checkbox"/> Averaging of Part time</td> <td></td> </tr> </table> • The new employment arrangement: _____ • Name of agreement/award: _____ • Other (please state): _____ 			From:	To:		<input type="checkbox"/> Full time	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	New hours of employment and training _____	<input type="checkbox"/> Averaging of Part time	<input type="checkbox"/> Averaging of Part time	
From:	To:													
<input type="checkbox"/> Full time	<input type="checkbox"/> Full time													
<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	New hours of employment and training _____												
<input type="checkbox"/> Averaging of Part time	<input type="checkbox"/> Averaging of Part time													
<p>By signing this form, I confirm that I have read and understood the information in the information sheet and 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).</p>														
Apprentice name (Please print)	Apprentice signature	Date												
Current employer name (Please print)	Current employer signature	Date												
Parent/guardian name (if applicable) (Please print)	Parent/guardian signature	Date												

Apprenticeship Office
T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au
W: dtwd.wa.gov.au/apprenticeship-office

Version May 2023