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:

- The new qualification title: ________________________________________________________________

- New stream or apprenticeship/traineeship name: ______________________________________________

- Qualification code: ___________________________ Intended occupation: ___________________________
  (If applicable, the nominal period of the contract will also vary with the qualification change)

- The new nominated training provider: _______________________________________________________
  (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)

- The change of employment type request is:

  From: ___________________________ To: ___________________________

  ☐ Full time ☐ Part time ☐ Averaging of Part time

  ☐ Full time ☐ Part time ☐ Averaging of Part time

  New hours of employment and training ___________________________

- The new employment arrangement: ________________________________________________________

- Name of agreement/award: _______________________________________________________________

- Other (please state): _________________________________________________________________

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).

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 ___________________________