



FACT SHEET/FORM

Updating personal details in the training contract

During the course of a training contract, an apprentice* (and parent/guardian if applicable) can update their personal details in the contract, if they have changed or are incorrect. Such updates include:

- name;
- date of birth; and
- contact information.

You can submit a *Notice to update personal details request* via the Western Australian Apprenticeship Management System (WAAMS) online client portal at waamsportal.dtwd.wa.gov.au. WAAMS provides 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 the attached form before submitting it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au.

Should you require any further information please contact the Apprenticeship Office on 13 19 54.

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

Notice to update personal details (apprentice/parent/guardian)

Please read the fact sheet before completing and returning this form. If you have any questions, contact the Apprenticeship Office before signing this form. Please use BLOCK CAPITALS and email the completed form to apprenticeshipoffice@dtwd.wa.gov.au.

Apprentice details (mandatory)		
Name:	Training contract ID:	
Address:	Suburb:	Postcode:
DOB:	Email:	
Employer trading name:		
Change of personal details		
Please indicate: <input type="checkbox"/> Apprentice/trainee or <input type="checkbox"/> Parent/guardian		
Previous name	New name	
First name:	First name:	
Surname:	Surname:	
Please indicate the reason for the change		
<input type="checkbox"/> Using a new name <input type="checkbox"/> Using a former name <input type="checkbox"/> Other (please state reason)		
A copy of one of the following documents confirming the correct name must be attached.		
Please indicate <input type="checkbox"/> Birth certificate or <input type="checkbox"/> Marriage certificate or <input type="checkbox"/> Change of name certificate.		
Change to apprentice's date of birth		
Correct date of birth (DD/MM/YYYY):		
A copy of one of the following documents confirming the date of birth must be attached.		
Please indicate <input type="checkbox"/> Driver's licence or <input type="checkbox"/> Birth certificate or <input type="checkbox"/> Passport.		
Change of contact details		
Please indicate <input type="checkbox"/> Apprentice or <input type="checkbox"/> Parent/guardian		
New email:	New phone number:	
New residential address (PO boxes not accepted)		
Street address:		
Suburb:	State:	Postcode:
<input type="checkbox"/> Tick this box if the new postal address is the same as the new residential address.		
New postal address		
Postal address:		
Suburb:	State:	Postcode:
By signing this form, I acknowledge that I have read and understood the information on the fact sheet and confirm that the details provided above are true and correct.		
Apprentice signature	Date	
Parent/Guardian signature (if required)	Date	

Apprenticeship Office

T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au

W: dtwd.wa.gov.au/apprenticeshipoffice

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