

Training Contract variation application: Change of Hours



Government of South Australia
Department for Industry and Skills

For assistance in completing this form call the Traineeship and Apprenticeship Information Service on 1800 673 097

Complete and submit this form to apply to vary the hours per week worked under a Training Contract in South Australia, or to vary the employment type between part-time and full-time.

An increase in hours per week will bring forward the nominal completion date of the Training Contract, while a decrease in hours per week will extend the term of the Training Contract.



Required fields are indicated with a red asterisk on the right hand side: *



The Training and Skills Commission Minimum Hours of Employment and Training guideline must be met, see www.tasc.sa.gov.au

1. Trainee/apprentice details

First name(s):		*
Last name(s):		*
Phone no:	Mobile no:	
Date of Birth (DD/MM/YY):		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Training Contract number:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \ <input type="text"/> *
Employer's legal name:		*
Employer's worksite postcode:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

2. Change of hours details

Effective from (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
New hours per week:		*
If the Training Contract is school-based, will it continue to be school-based? <input type="checkbox"/> Yes <input type="checkbox"/> No		*
Employment type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		*



See page 2 of this form for required signatures.

3. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *Training and Skills Development Act 2008*. Please call the Traineeship and Apprenticeship Information Service on 1800 673 097 if you have any questions before you sign below.

Employer representative signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *
Employer phone number or email:	

Trainee/apprentice signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

You are advised to retain a copy of this form for your records.

Please submit all pages of this form to:

Post: **Regulation and Contract Management**
GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: dis.tamfax@sa.gov.au

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices