



FACT SHEET/FORM

Update employer's ABN or business structure on a training contract (excluding new employer or sale of business)

An employer's Australian Business Number (ABN) or business structure may change during the term of a training contract. The Apprenticeship Office must be notified when this occurs.

If there has been a business restructure or if the apprentice is moving to a subsidiary company, the employer representative (the owner of the business or person with authority to act on behalf of the organisation) should complete the *Notice to update an employer's ABN or business structure on a training contract* form.

Note: Where the training contract is being transferred to an entirely new employer the training contract must be assigned (transferred) to the new employer. This assignment process is supported by an online form. Please use the [Notice to assign a training contract to a new employer form](#).

Updates to an employer's details cannot be considered for training contracts where the contract has ended (for example; expired, cancelled, completed or terminated).

Submitting update to employer ABN requests

The employer is required to complete and sign the attached form and email it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au

The date of change cannot be retrospective to other transfers or change of ABN or business structure that have already taken place against the training contract.

Updating the employer details on a suspended training contract

A suspension of a training contract continues where the new ABN is associated with the current employer (ie the same employer). The employer and the apprentice are required to submit a suspension lift notice to the Apprenticeship Office if they wish to cease the existing suspension arrangement.

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

Notice to update an employer's ABN or business structure on a training contract

Please read the fact sheet before completing and returning this form. If you have any questions, contact Apprenticeship Office before signing this form.

Current ABN details <i>(all fields are mandatory)</i>	
Legal name:	ABN:

Change Information <i>(all fields are mandatory)</i>
Date of change:
Reason for the employer's ABN update: <input type="checkbox"/> Business restructure <input type="checkbox"/> Change of ABN within a group or subsidiaries <input type="checkbox"/> Other. Please state: Please note, if the new ABN does not share common ownership and control with the current organisation, then the assignment process should be followed. Refer to the <i>Assign (transfer) a training contract to a new employer fact sheet</i> .

New ABN details <i>(all fields are mandatory)</i>	
Legal name:	ABN:
Trustee for the Trust <i>(if applicable)</i> :	
Business name:	
<input type="checkbox"/> Tick this box if other details remain the same <i>If not, please proceed with completing the remainder of this form</i>	

New ABN additional details <i>(all fields are mandatory, if applicable)</i>
Employer type: <input type="checkbox"/> Private sector <input type="checkbox"/> Group training organisation <input type="checkbox"/> Government Business Enterprise <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Commonwealth Government
What is the industry or principal activity of the business?
Agreement/Award type: <input type="checkbox"/> Federal Award <input type="checkbox"/> Australian Workplace Agreement <input type="checkbox"/> State Award <input type="checkbox"/> Certified Agreement <input type="checkbox"/> State Workplace Government <input type="checkbox"/> Other <i>If other, what is the name of the Agreement/Award?</i>
Email: <i>(to be used for all training contract correspondence)</i>
Business address:
Postal address: <input type="checkbox"/> Tick this box if the postal address is the same as the business address
Worksite address: <input type="checkbox"/> Tick this box if the apprentice(s) will be working at multiple sites, and to nominate the business address
Contact person: Contact no.:
Contact person's email:
Total no. of apprentices/trainees: Total no. of people employed:
Total no. of workers able to supervise or train the apprentice:

Apprentice/trainee details
<p>Does this change apply to all apprentices and trainees with 'active' or 'suspended' training contracts with the current employer? If apprentices/trainees are moving to/working from different worksites than that listed above, 'No' should be ticked.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes" the update will be made to the applicable training contracts.</i></p> <p><i>If "No", please provide a list of the training contracts affected below or in an attached spreadsheet.</i></p>

Training contract ID:	Full name of apprentice:	Worksite:

By signing this form:
<ul style="list-style-type: none"> • I acknowledge that I have read and understood the information on the fact sheet and confirm I have authority to act on behalf of both the current organisation and proposed organisation listed above; and • I confirm that, if requested, I can provide evidence (for example payslips or business statements) to support the changes associated with this application and acknowledge that any discrepancies or failure to provide evidence, may impact on my eligibility for State Government Incentives.
<p>-----</p> <p>Employer name (<i>Please print</i>) Employer signature Date</p> <p>-----</p>

Email the completed form to apprenticeshipoffice@dtwd.wa.gov.au

If you have any questions, contact the Apprenticeship Office on 13 19 54 or email apprenticeshipoffice@dtwd.wa.gov.au

Apprenticeship Office
T: 13 19 54
E: apprenticeshipoffice@dtwd.wa.gov.au
W: dtwd.wa.gov.au/apprenticeshipoffice