

REQUEST TO CHANGE EMPLOYER DETAILS*



** Note that amending employer details will change those details (except training address) for all training contracts registered with this legal employer. This form is not to be used where there has been a change in the employer legal name, in which case the training contract/s should be transferred.*

Current Employer Details

Employer Legal Name:

Employer Trading Name:

ABN:

Name of an Apprentice/Trainee currently employed (please print):

TCID:

Amended Employer Details

Employer Legal Name:

Employer Trading Name:

ABN:

Employer type:

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Local Government
<input type="checkbox"/> Government Business Enterprise	<input type="checkbox"/> State Government
<input type="checkbox"/> Group Training Organisation	<input type="checkbox"/> Federal Government

Total employees:

Postal address:

.....

Training address:

.....

Contact person:

Phone (BH):

Phone (AH):

Fax:

Mobile:

Additional information:

Name of authorised employer representative (please print):

Position: Phone:

Signature: Date:

OFFICE USE ONLY

Request is approved?	Yes	No	N/A

Name: Position:

Signature: Date: