



## FACT SHEET/FORM

# Updating employer details

During the course of a training contract, an employer can update certain details in the training contract if they have changed or are incorrect. The employer can request to:

- change the business' head office address;
- change the postal address;
- add a new site address;
- add or remove a trading name; and/or
- update the employer's contact details.

Most of these details can be updated via the Western Australian Apprenticeship Management System (WAAMS) online client portal at [waamsportal.dtwd.wa.gov.au](http://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.

As an alternative you can complete and sign the attached form before submitting it to the Apprenticeship Office at [apprenticeshipoffice@dtwd.wa.gov.au](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

### Change of ABN

The Australian Business Number (ABN) is the legal identifier of a business and a change to it means a change of the legal entity for the employer to a training contract. Therefore the assignment of training contract process should be followed to transfer the training contract from one legal entity to another.

Please refer to the *Assignment of a training contract to a new employer* fact sheet and form on the Apprenticeship Office website at [dtwd.wa.gov.au/apprenticeship-office](http://dtwd.wa.gov.au/apprenticeship-office) for more information regarding the assignment process.

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

## Notice to update employer details

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](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

<b>Current employer details</b> ( <i>mandatory</i> )		
Legal name:	ABN:	
Trustee name ( <i>if applicable</i> ):		
Trading name:		
<b>Is there a change to the employer's legal or trading name?</b> <small>(for ABN changes please submit the Notice to assign (transfer) a training contract to a new employer)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
Legal name:		
Trustee name ( <i>if applicable</i> ):		
Trading name:		
<b>Is there a change to the employer's head office address?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
New business address:	Suburb:	Postcode:
New postal address:	Suburb:	Postcode:
<b>Is there a change to the employer's primary contact?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
New primary contact name:	New primary contact phone:	
New primary contact email:	<b>(to be used for all training contract correspondence)</b>	
<b>Is there a change to the employer's worksite?</b> <small>(where apprentice/s will be working)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If yes, please complete relevant section/s below)</small>
Current worksite address:	Suburb:	Postcode:
Is this worksite still active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If no, ALL current apprentice/s at this worksite will be re-located to the new worksite details provided below)</small>
Will <b>all</b> current apprentices move to new worksite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(If no, [i.e. only <b>some</b> apprentice/s are to be transferred to the new worksite] please attach a list of the apprentice/s that <b>will</b> be relocating to the new worksite provided below)</small>
New worksite address:	Suburb:	Postcode:
New worksite contact name:	New worksite contact phone:	
New worksite contact email:		
<b>By signing this form, I confirm that I am an authorised representative of this employer and have authority to advise of these changes.</b>		
Employer representative name ( <i>Please print</i> )	Employer signature	Date