



ROYAL BRISBANE INSTITUTE OF TECHNOLOGY

Dynamic Management Group Pty. Ltd. T/A Royal Brisbane Institute of Technology
A.C.N. 095 915 012 A.B.N. 74 095 915 012 National Organisation Number. 30807 CRICOS Provider Code: 02370B

Further Education and Training Act 2014

ATF-011

Completion agreement

This agreement is used to notify the Department of Education and Training (DET) (Qld) that the signatories have agreed that the apprentice or trainee has completed all training and assessment required under the training plan, and has been issued a qualification. Upon receipt of the completed form, DET (Qld) will consider issuing a completion certificate.

Note: Upon receipt of a completion agreement signed by the employer and apprentice/trainee, the SRTTO must promptly sign the completion agreement confirming the apprentice/trainee has completed all training and assessment required under the training plan. The signed completion agreement must be sent to DET (Qld) **within 10 days** after it is signed.

How to return this form

- **Online via myApprenticeship (available to registered apprentices/trainees and parents/guardians only):**
 - Log in at www.training.qld.gov.au/myapprenticeship and select "Complete my Apprenticeship/Traineeship".
 - Tick the acknowledgement box to ensure you have read and understood the information.
 - Attach a scan of this **completed and signed** form along with any other supporting documents/notes that may be relevant. Submit the request.
- Via email to apprenticeshipsinfo@qld.gov.au or post to **Apprenticeships Info, PO Box 15121, City East Qld 4002**.

IMPORTANT: All fields marked with an asterisk (*) **must** be completed. The parent's or guardian's signature is only required where the apprentice or trainee is under the age of 18 and it is appropriate (e.g. the apprentice or trainee is not living independently of the parent or guardian).

Penalties may apply for any false or misleading information provided to DET.

Training contract details			
Training contract registration number:		(This 9 digit number starting with 20 will appear on any documentation relating to the training contract received from the department.)	
Qualification name:		Qualification code:	
*Apprentice or trainee's full name:		Date of birth:	
Apprentice or trainee's postal address:			
Apprentice or trainee's email:			
*Employer's trading name:		*ABN:	
Employer's email:			

Declaration by employer, apprentice or trainee and SRTTO	
*We, the employer, apprentice or trainee and SRTTO, are satisfied that the apprentice or trainee has completed all training and assessment required under the training plan.	
*AGREED PROPOSED COMPLETION DATE:	IMPORTANT NOTE: Please ensure this date is <u>not more than 10 days</u> into the future when submitting this form. The agreed proposed completion date is subject to endorsement by DET (Qld).
*If the apprenticeship or traineeship was all or partly school-based : <ul style="list-style-type: none"> (i) *we agree that the apprentice or trainee has completed the minimum paid work requirement, and (ii) we acknowledge that DET (Qld) may randomly audit completed school-based apprenticeships and traineeships to substantiate that the minimum paid work requirement has been completed. 	

EMPLOYER			
*Signature:		Date:	
*Name of authorised person signing for employer:			
APPRENTICE OR TRAINEE (AND PARENT OR GUARDIAN IF APPLICABLE AND APPROPRIATE)			
*Apprentice or trainee's signature:		Date:	
*Parent or guardian's name:			
*Parent or guardian's signature:		Date:	
SUPERVISING REGISTERED TRAINING ORGANISATION			
*Name of SRTTO:		Phone number:	
*Signature:		Date:	
*Name of authorised person signing for SRTTO:			

Declaration from apprentice or trainee to provide information to third party	
I agree to allow DET (Qld) to provide details of my completed apprenticeship/traineeship to a third party or prospective employer who can provide a precise match of my name and date of birth for the purpose of assisting me into employment. Information provided will be limited to the calling/occupation, date of completion, and the name and code of the qualification undertaken as part of this apprenticeship/traineeship. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprentice or trainee's signature:	