

APPLICATION FOR TRANSFER OF APPRENTICESHIP

Industry (Please circle)	Brick & Block	Monumental Masonry	Painting & Decorating	Signmaking	Stone Masonry
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APPRENTICE DETAILS

Full Name of Apprentice:	
NZQA ID No:	
Address:	

EMPLOYER DETAILS – EMPLOYER THAT APPRENTICE IS TRANSFERRING FROM

Full Name of Employer:			
Company name:			
Postal address:			
Phone: ()	Fax: ()	Mobile: ()	
Last day of employment	/	/ 20	Hours served:

I agree / I do not agree to the transfer and confirm that the details above are correct and in accordance with the Training Agreement.		
I agree / I do not agree to the transfer		
Signature of Employer		Date:
Signature of Apprentice		Date:
Signature of Guardian (If apprentice under 18)		Date:

EMPLOYER DETAILS – EMPLOYER THAT APPRENTICE IS TRANSFERRING TO

Full Name of Employer:			
Company name:			
Postal address:			
Phone: ()	Fax: ()	Mobile: ()	
Commencement date of employment	/	/ 20	

I agree / I do not agree to the transfer and accept the above Apprentice in accordance with the Training Agreement with the previous employer		
Signature of Employer		Date:

Please return this form to :		
Creative Trades ITO	Phone: 0800 200 486	
P O Box 14 477	04 387 9759	
Kilbirnie	Fax: 04 387 2596	
Wellington 6241	www.creativetradesito.co.nz	