**Apprenticeship/traineeship historical records**

**Apprenticeships Info** ⚫ 1800 210 210 ⚫ apprenticeshipsinfo@qld.gov.au ⚫ www.apprenticeshipsinfo.qld.gov.au

**Please note: This application is for Queensland apprenticeship/traineeship historical records ONLY.**

The department will endeavour to provide the documentation you have requested. Replacement documents provided incur a fee of $20.10 payable to the department. Once the department receives your application, you will be contacted within 10 working days to discuss the records found and payment options. **No payment is required with this initial application**.

Please return this completed form via email to [records@desbt.qld.gov.au](mailto:records@desbt.qld.gov.au) or post to **Apprenticeships Info, PO Box 15121, City East QLD 4002**.

\*Indicates mandatory fields

|  |  |
| --- | --- |
| APPRENTICE OR TRAINEE DETAILS | |
| \*What type of documentation are you seeking? | Extract of service  Copy of indenture / training contract papers  Copy of completion certificate  Other (provide details):  Click here to enter text. |
| \*Full name: | Click here to enter text. |
| If you have changed your name since the time of your apprenticeship or traineeship, please provide details of your previous name: | Click here to enter text. |
| \*Date of birth (dd-mm-yyyy): | Click here to enter text. |
| \*Current address: | Click here to enter text. |
| \*Contact phone number:  ***(mobile phone is preferable)*** | Click here to enter text. |
| Additional phone number: | Click here to enter text. |
| Email address: | Click here to enter text. |

|  |  |
| --- | --- |
| APPRENTICESHIP OR TRAINEESHIP DETAILS | |
| Indenture / training contract registration number (if known):  *This number appears on documentation from the department* | Click here to enter text. |
| Qualification code: | Click here to enter text. |
| Apprenticeship trade or traineeship occupation / calling: | Click here to enter text. |

|  |  |
| --- | --- |
| AT THE TIME OF YOUR APPRENTICESHIP OR TRAINEESHIP, PLEASE PROVIDE (IF KNOWN) | |
| Name of employer: | Click here to enter text. |
| Registered training organisation (college): | Click here to enter text. |
| Approximate year of cancellation / completion of your apprenticeship / traineeship: | Click here to enter text. |
| Any additional information you think might help with locating your documentation: | Click here to enter text. |