

Traineeship and Apprenticeship Services



Government
of South Australia
Department of Further
Education, Employment,
Science and Technology

APPLICATION TO EXTEND A TRAINING CONTRACT

We wish to apply to extend the Training Contract Number _____ Employer's Postcode

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from ____/____/____ to ____/____/____

We have been advised of our rights and obligations under the training contract. We have been advised of the options available, and have had the opportunity to discuss our options with the officer representing the Training and Skills Commission

Apprentice / Trainee's Name _____

Address _____

Apprentice / Trainee's Signature _____ Date _____

Parent or Legal Guardian's Name (If trainee under 18) _____

Parent or Legal Guardian's Signature (If applicable) _____

Employer's Legal Entity Name _____

Employer's Signature _____ Position _____

Date _____ Contact Name _____ Phone _____

Reason(s) for extension _____

Please return this form to

Traineeship and Apprenticeship Services
GPO Box 320, ADELAIDE SA 5001

OR Fax: (08) 8463 5654 Phone: 1800 673 097

Website: <http://www.skills.sa.gov.au/apprenticeships-traineeships> Email: dfest.tas@sa.gov.au