

Traineeship and Apprenticeship Services

VARIATION OF A TRAINING CONTRACT



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

We have been advised of our rights and obligations under the training contract. We have been advised of the options available. We have discussed our concerns with the officer representing the Training & Skills Commission.

Effective date for variation _____

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)

RELEVANT DOCUMENTATION IS ATTACHED Yes No

If CREDIT OF TIME is to be requested, please specify details below:-

A period of _____ months _____ weeks effective from ____/____/____

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

You are advised to retain a copy of this document for your own records

Version 2 – 20.02.2012