

Traineeship and Apprenticeship Services

WITHDRAWAL DURING THE PROBATIONARY PERIOD



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

I/We wish to notify the termination of the Training Contract Number _____ during the probationary period.

Employer's Postcode

Effective from _____ Date of Commencement _____
(Usually last day worked)

Vocation _____

Apprentice / Trainee's Name _____

Employer's Legal Entity Name _____

Employer's Signature _____ Position _____

Date _____ Contact Name _____ Phone _____

NOTE: Care should be taken by the parties to ensure that an appropriate period of notice is given under the relevant industrial award or agreement.

Please return this form to:

Traineeship and Apprenticeship Services
GPO Box 320, ADELAIDE SA 5001

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

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

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

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