



Application form:
Training Contract Completion



For assistance in completing this form call the Innovation and Skills on 1800 673 097

Complete and submit this form to notify Traineeship and Apprenticeship Services when there is agreement from the employer, Registered Training Organisation and the trainee/apprentice that the trainee/apprentice has attained all the competencies required in their trade or vocation.


 Required fields are indicated with a red asterisk on the right hand side: *

 Please ensure the details in this application are correct, as further changes cannot be made once the application has been approved and finalised.

1. Trainee/apprentice details

First name(s):	*
Last name(s):	*
Phone number:	
Date of Birth (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Training Contract number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \ <input type="text"/> *
Employer's legal name:	*
Employer's worksite postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

2. Completion

 The actual completion date must be on or before the nominal completion date. It is usually the last day worked under the Training Contract.

Actual completion date (DD/MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *
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3. Trade/vocation

Trade/vocation name:	*
Qualification:	*

4. Continuing employment

Will the trainee/apprentice continue employment with this employer or host employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	*
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5. Certificate address

 Only complete this section if this application relates to an apprenticeship.

Deliver certificate to: <input type="checkbox"/> Employer <input type="checkbox"/> Apprentice	*
Postal address for certificate:	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

6. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *Training and Skills Development Act 2008*. Please call the Innovation and Skills on 1800 673 097 if you have any questions before you sign below.

We, the undersigned, declare that:

We understand that the Training Contract will cease on the indicated completion date. Yes No *

The trainee/apprentice has demonstrated competency in this vocation in the workplace. Yes No *

Evidence of successful completion of the qualification is attached. Yes No *



Evidence of successful completion of the qualification **must** be provided.

Please provide a copy of the certificate issued by the Registered Training Organisation, or a signed letter on the Registered Training Organisation's letterhead stating that the qualification has been successfully completed, including the qualification name, national course code and parchment number.

Employer representative signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *
Employer phone number or email:	

Trainee/apprentice signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

You are advised to keep a copy of this signed form for your records.

Please submit all pages of this form to:

Post: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: dis.tamfax@sa.gov.au

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices