

Training Contract variation application: Extension





Government of South Australia
Department for Innovation and Skills

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

Complete and submit this form to apply to extend the term of a Training Contract in South Australia.

An extension application must be submitted to Traineeship and Apprenticeship Services prior to the expiry of the Training Contract.

 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 no:	Mobile no:	
Date of Birth (DD/MM/YY):		<input type="text"/> / <input type="text"/> / <input type="text"/>
Training Contract number:		<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. Extension details

Current nominal completion date (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Extension end date (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Reason for extension:		*

 See page 2 of this form for required signatures.

3. 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.

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 retain a copy of this 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