

Application form:
Training Contract Termination



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

An employer and apprentice/trainee should complete and submit this form when they have agreed to terminate a South Australian Training Contract.

Subject to the *Training and Skills Development Act 2008*, a Training Contract may not be terminated without the approval of the Training and Skills Commission. All parties must agree to the application, unless termination occurs during the probationary period (in which case the Withdrawal Application Form should be used).

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

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"/> *

2. Termination

The termination effective date is usually the last day worked under the Training Contract.

Effective date (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Reason for termination:		*
Is an extract required? (for credit interstate):		<input type="checkbox"/> Yes <input type="checkbox"/> No *
Postal address for extract (if required):	Postcode:	<input type="text"/>

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 contact 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