



DEPARTMENT OF INNOVATION INDUSTRY AND REGIONAL DEVELOPMENT
Office of Training and Tertiary Education



**PLEASE RETURN THE COMPLETED FORM TO
THE AUSTRALIAN APPRENTICESHIP CENTRE OF YOUR CHOICE**

APPLICATION FOR APPROVAL TO CANCEL A TRAINING CONTRACT

By signing this form, you are agreeing to the cancellation of the training contract between the employer and the apprentice/trainee.
If you do not agree, speak with your Australian Apprenticeship Centre (1800 639 629) or the Apprenticeship Enquiry Line (1300 722 603) of the Office of Training and Tertiary Education.
Sometimes one party alone can cancel a training contract. For example - The training contract may be cancelled during the probationary period for an apprentice or at anytime for a trainee.

DATE THE TRAINING CONTRACT WILL FINISH: / / 20.....

TO BE COMPLETED BY THE EMPLOYER

Full name/s of all Employers or the Company name in full
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.....
Employer's Address:.....
Suburb/Town:Postcode:
Phone No: Mobile No:.....
ABN No (if known): Signature:

TO BE COMPLETED BY THE APPRENTICE (DATE OF BIRTH MUST BE PROVIDED)

Apprentice's Full Name:Date of Birth:
Apprentice's Current Address:
Suburb/Town:Postcode:
Phone No: Mobile No:.....
Apprentice Registration Number: Signature:

TO BE COMPLETED BY THE PARENT OR GUARDIAN (IF APPRENTICE IS UNDER 18 YEARS OF AGE)

Parent or Guardian's Name:
Parent or Guardian's Address:
Suburb/Town:Postcode:
Signature:

REASON(S) FOR CANCELLATION

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