



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 SUSPEND A TRAINING CONTRACT

By signing this form, you are agreeing to the suspension 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 suspend a training contract. The training contract may be suspended at any time for a trainee.

Apprentice Name:.....
Date of Birth:/...../.....
Registration No:.....

THE SUSPENSION IS TO APPLY FROM: / / 20 to / / 20

Reasons for Application:
(to be completed by the employer)

(Please tick the appropriate box)

<input type="checkbox"/> WORK SHORTAGE (Approved for 3 monthly periods)	<input type="checkbox"/> GENERAL REASON (May be approved for up to 12 months)
	<input type="checkbox"/> Illness
	<input type="checkbox"/> Travel Overseas
	<input type="checkbox"/> Injury related to work
	<input type="checkbox"/> Injury not related to work
	<input type="checkbox"/> Maternity Leave

Other.....
.....

Employer Trading or Legal Name:

Employer's Signature:

Apprentice's Signature:

Parent's Signature:
(if apprentice/trainee under 18 years of age)

Occupation of Apprentice:..... Date of Application/...../.....

It is assumed that the apprentice/trainee has returned at the end of the nominated period. If the apprentice/trainee returns before this date please advise the Australian Apprenticeship Centre in writing.

