


Training Contract variation application: Request for Credit



For assistance in completing this form call the Department for Education on 1800 673 097

Complete and submit this form to apply to add or remove credit from a Training Contract. Credit may be granted for training or experience obtained outside of the Training Contract.

Adding credit will bring forward the nominal completion date of the Training Contract, while removing credit will extend the term of the Training Contract.

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

Note


- Supporting evidence must be provided before the request can be approved.

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. Credit details

Effective from (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Credit type (select one):	<input type="checkbox"/> Add credit - this will reduce the term of the Training Contract or <input type="checkbox"/> Remove credit - this will extend the term of the Training Contract.	*
Credit amount:	<input type="text"/> Months <input type="text"/> Weeks <input type="text"/> Days	*
Reason for credit:		*

 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 *South Australian Skills Act 2008*. Please call the Department for Education 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