

Notification form:
Training Contract Withdrawal





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

An employer should complete and submit this form to notify Traineeship and Apprenticeship Services of a withdrawal from a Training Contract during the probationary period within seven days of either party withdrawing

If you are seeking to terminate a Training Contract following the conclusion of the probationary period, the Termination Application Form should be used instead.

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"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Training Contract number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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. Withdrawal

 The withdrawal 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"/> <input type="text"/> / <input type="text"/> <input type="text"/>	*
Reason for withdrawal:	*

 See page 2 of this form for the required signature.

3. Signature

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:	

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