

**Training Contract variation application:
Request for Credit**



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

Complete and submit this form to apply to add or remove credit from a Training Contract.

This form relates to the Standard 10, Suspension where time spent at off-job training during suspension will be credited towards the training contract and an adjustment made to the nominal term of the contract and suspension duration.

The period of suspension is not recognised as part of the nominal term of the Training Contract. Upon resumption of the training contract, the nominal term of the training contract will be extended to cover the period of suspension.

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):	/ /	
Training Contract number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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:		*

2. Credit details

Effective from (DD/MM/YY):	/ /	*			
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:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Months</td> <td style="width: 25%; border: none;">Weeks</td> <td style="width: 25%; border: none;">Days</td> </tr> </table>	Months	Weeks	Days	*
Months	Weeks	Days			
Reason for credit:		*			

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 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)
Employer phone number or email:	

Trainee/apprentice signature	* Print name: *
	Signature date: / / * (DD/MM/YY)

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: / / * (DD/MM/YY)

You are advised to retain a copy of this form for your records.

Please submit your application to:

Email: dis.tamfax@sa.gov.au

Post: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

For assistance or more information please:

Call the **Skills Infoline** on 1800 673 097

Or visit us at www.skills.sa.gov.au/apprentices