

Cancellation of Training Contract

Employer Name:

Apprentice/Trainee Name:

Cancellation Type (mark one box only)

Date of Cancellation:
 (Last day in workplace)

Within Probationary Period Mutual Cancellation Application to Cancel

Mark one box in each column

Cancellation process	Reason for Cancellation	Outcome of Cancellation
Resignation <input type="checkbox"/>	Unsuited to Apprenticeship <input type="checkbox"/>	Continuing or intending to continue in an Apprenticeship <input type="checkbox"/>
Termination <input type="checkbox"/>	Employer practices <input type="checkbox"/>	Other employment <input type="checkbox"/>
Abandonment of employment <input type="checkbox"/>	Business closure <input type="checkbox"/>	Further education or training <input type="checkbox"/>
	Lack of Work <input type="checkbox"/>	Unemployed <input type="checkbox"/>
	Wages and conditions <input type="checkbox"/>	CDEP <input type="checkbox"/>
	RTO concerns <input type="checkbox"/>	Holiday/employment break <input type="checkbox"/>
	Work Performance <input type="checkbox"/>	GTO Apprentice/Trainee going direct to host employer <input type="checkbox"/>
	Health <input type="checkbox"/>	Undecided <input type="checkbox"/>
	Interstate relocation <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Intra state relocation <input type="checkbox"/>	
	Other opportunities <input type="checkbox"/>	
	Change of vocation <input type="checkbox"/>	
	Personal reasons <input type="checkbox"/>	
	Cultural obligations <input type="checkbox"/>	
	Literacy/Numeracy <input type="checkbox"/>	
	Other <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	
	Economic Downturn <input type="checkbox"/>	

Additional comments:

.....

Employer Signature:

Apprentice/Trainee Signature:

***Parent/Guardian Signature:**

Date .../ .../

AAC INTERNAL USE ONLY

Cancellation confirmed with Employer Apprentice

AAC Officer: _____ Date: _____

*** Delete if Apprentice/Trainee is over 18 years of age**

*PTO for Australian Apprenticeships NT report and recommendation to DET where employer and/or apprentice make **Application to Cancel Training Contract.***

Darwin

Phone: 08 8935 8200
 Fax: 08 8935 8231
 Email: darwin@aacnt.com.au
 6 Searcy Street Darwin NT 0800
 GPO Box 3049 Darwin NT 0801

Australian Apprenticeships NT
1300 137 130
ABN 50 009 648 337

Alice Springs

Phone: 08 8953 3311
 Fax: 08 8953 4090
 Email: alice@aacnt.com.au
 19 Hartley Street Alice Springs NT 0800
 GPO Box 3049 Darwin NT 0801

Australian Apprenticeships NT report and recommendation:

.....
.....
.....
.....
.....
.....

Recommended/Not Recommended:
Signature Date

DET Delegate report and recommendation:

.....
.....
.....
.....
.....

Approved/Not Approved:
DET Delegate Signature Date

DET Approved 15th January 2009

Darwin

Phone: 08 8935 8200
Fax: 08 8935 8231
Email: darwin@aacnt.com.au
6 Searcy Street Darwin NT 0800
GPO Box 3049 Darwin NT 0801

Australian Apprenticeships NT
1300 137 130
ABN 50 009 648 337

Alice Springs

Phone: 08 8953 3311
Fax: 08 8953 4090
Email: alice@aacnt.com.au
19 Hartley Street Alice Springs NT 0800
GPO Box 3049 Darwin NT 0801