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 Apprenticeships hotline (1300 722 603) of Skills Victoria.

Sometimes one party alone can suspend a training contract. The training contract may be suspended at any time for a trainee.

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

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

(Please tick the appropriate box)

☐ WORK SHORTAGE

(Approved for 3 monthly periods)

☐ GENERAL REASON

(May be approved for up to 12 months)

☐ Illness

☐ Travel Overseas

☐ Injury related to work

☐ Injury not related to work

☐ 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.