**Information on notice to terminate a training contract**

Following the expiry of a training contract’s probation period, an employer cannot terminate a training contract without the consent of the apprentice\*, or the prior approval from the Department of Training and Workforce Development (the Department).

When an apprentice consents to terminate the training contract, the attached form should be completed and returned to the Department’s Apprenticeship Office as soon as possible. Please do not submit the form until the termination has taken place.

The training contract record on the training record system will be administratively closed as of the date the form is processed by the Apprenticeship Office. This date may be different to the actual termination date, or the last working day.

Either the employer or apprentice (and guardian if applicable) can notify the Apprenticeship Office of the termination of a training contract.

Please note: it is important that no coercion takes place for either party to agree to the termination of a training contract.

The termination does not prevent the apprentice from entering into a new training contract.

**Situations where the attached form should be used**

1. When both the employer and the apprentice have agreed to the termination and signed the form.
2. When an apprentice has consented to the termination but the employer is unable to obtain the apprentice’s signature. By signing the form, the employer confirms that the apprentice (and parent/guardian if applicable) consents to the termination.
3. When an apprentice wishes to terminate the training contract and has signed the form. The apprentice is encouraged to speak to the employer before completing and submitting the form.

**Situations where the attached form should not be used**

1. If the apprentice does not consent to terminate the training contract**,** please contact the Apprenticeship Office on 13 19 54 for information and advice.

Also refer to the *Termination of a training contract without apprentice consent* fact sheet at [dtwd.wa.gov.au/apprenticeship-office](file:///C%3A%5CUsers%5Ce4009087%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CO00ECSMN%5Cdtwd.wa.gov.au%5Capprenticeship-office).

1. If the apprentice has abandoned the employment, please contact the Apprenticeship Office on 13 19 54 for information and advice.

Also refer to the *Cancellation of training contract due to apprentice abandonment* fact sheet at [dtwd.wa.gov.au/apprenticeship-office](file:///C%3A%5CUsers%5Ce4009087%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CO00ECSMN%5Cdtwd.wa.gov.au%5Capprenticeship-office).

**Alternatives to terminating the training contract**

There are other options if the training contract cannot continue, such as:

* assignment (transfer) – subject to approval, training contracts may be transferred to a new employer; or
* suspension – training contracts may be suspended for an agreed period of time, for reasons such as injury or illness.

If you wish to discuss possible alternatives please contact your Australian Apprenticeship Support Network (AASN) provider. Your AASN provider offers support to the parties throughout the life of the training contract.

If you have any queries regarding the termination process, please contact the Apprenticeship Office on 13 19 54

*\*The term ‘apprentice’ covers apprentices, trainees, cadets and interns.*

# Notice to terminate a training contract

Please read the information sheet before completing and submitting this form. If you have any questions or concerns, contact the Department’s Apprenticeship Office before signing this form. Email the completed form to apprenticeshipoffice@dtwd.wa.gov.au.

***Please note: Do not use this form if the apprentice/trainee does not consent or has abandoned the workplace. Please contact the Apprenticeship Office on 13 19 54.***

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| --- |
| **Apprentice’s details** |
|  Name:  | **Training contract ID:** |
| Address: | Suburb: | P/C: |
| Phone:  | Email:  |
| **Employer’s details** |
| Legal name: |
| Trading name: |
| Address: | Suburb: | P/C: |
| Contact person: | Contact no: |  |
| Host employer *(if applicable)*: |
| **By signing this form, I hereby confirm that I have read and understood the information contained in the cover sheet and that the apprentice has consented to the termination of the training contract between the parties above.****I am aware that the record of the training contract will be administratively closed on the day when this form is processed by the Apprenticeship Office.** |

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|  |
|  | Apprentice name |  | Apprentice signature |  | Date |  |
|  | **Please print** |  |  |  |  |  |
|  |
|  | Employer representative name |  | Employer’s signature |  | Date |  |
| **Please print** |  |  |  |  |  |
|  |
|  | Guardian’s name **(required if apprentice under 18)** |  | Guardian’s signature |  | Date |  |
|  | **Please print** |  |  |  |  |  |
|  |
| **Please indicate the reason for termination** *(for statistical purposes only)*  |
| * Business downturn
 | * Performance/progression issues
 | * Personal reasons/reasons unknown
 |
| * Career change/alternative employment
 | * Other, please specify
 |  |







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