FACT SHEET/FORM**Suspension by parties of a training contract**

A training contract may be suspended following agreement between the parties involved in that training contract. Suspension of a training contract ceases the training contract obligations for both the employer and the apprentice\* for an agreed period. At the conclusion of the agreed period, the training contract will resume.

The parties to the training contract may agree to suspend the contract for a period of time. If the period of suspension (together with any prior suspensions) exceeds a continuous period of 12 months, prior approval from the Apprenticeship Office is required.

Notifying the Apprenticeship Office of a suspension

An employer is required to notify the Apprenticeship Office of the suspension of the training contract **within 21 days after the parties agreed to the suspension** (this is not to be confused with the date the suspension takes effect).

The notice needs to indicate agreement from the parties and include:

* the date on which the suspension takes effect;
* the period of suspension; and
* the date when the parties agreed to the suspension.

A suspension request can be submitted via the Western Australian Apprenticeship Management System (WAAMS) online client portal at [waamsportal.dtwd.wa.gov.au](https://waamsportal.dtwd.wa.gov.au/). WAAMS provides 24/7 online access to manage training contracts and submit changes. Where possible, change requests submitted via WAAMS client portal will be instantly approved. Alternatively you can complete and sign the attached form, before submitting it to the Apprenticeship Office at [apprenticeshipoffice@dtwd.wa.gov.au](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

**Lifting a suspension prior to its end date**

The parties to a training contract may agree to end a suspension sooner than the agreed end date. If this occurs, the employer is required to submit a ‘lift suspension’ request via the WAAMS online client portal at [waamsportal.dtwd.wa.gov.au](https://waamsportal.dtwd.wa.gov.au/). Alternatively, the employer may provide written notice to the Apprenticeship Office with the relevant details.

**Extending the training contract as a result of the suspension**

Suspension of a training contract does not change its expiry date. If the parties wish to extend the duration of the training contract by the same period as the suspension, they should indicate so in the requests. Extension requests received after the training contract expiry date cannot be considered.

**Suspending a training contract in the probation period**

A training contract still in its probation period may be suspended, however the probation period end date of the training contract remains. If the parties wish to also extend the probation period as a result of the suspension, please submit a separate request to extend the probation period.

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

Notice by parties to suspend a training contract

Please read the fact sheet before completing and submitting this form.If you have any questions, contact the Apprenticeship Office before signing this form.   
Email the completed form to [apprenticeshipoffice@dtwd.wa.gov.au](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

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| --- | --- | --- | --- | --- | --- |
| **Apprentice details** | | | | | |
| Name: | |  | | **Training contract ID:** | |
| Address: | | Suburb: | | Postcode: | |
| Mobile:      Email: | | | | | |
| **Employer details** | | | | | |
| Legal name: | | | | | |
| Trading name: | | | | | |
| Address: | | | Suburb: | | Postcode: |
| Email: | | |  | |  |
| Contact person: | | | Contact no: | |  |
| Host employer *(if applicable)*: | | | | | |
| **Reason/s for suspension** *(for statistical purposes only)* | | | | |
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| **Request to extend the training contract** (refer to *Extending the training contract* on the information sheet) | | | | | | | | |
| Indicate if the parties have agreed to extend the training contract by the same period as the suspension. Yes No (if no, the current expiry date of the training contract remains) | | | | | | | | |
| **By signing this form, I confirm that I have read and understood the information on the fact sheet and all parties to the training contract have agreed to suspend the training contract as per the details on this form.** | | | | | | | | |
| **Suspension effective date:** | | | | | | | | |
| **Suspension end date:** | |  | | | | |  | |
| *(If the period of suspension agreed by parties exceeds a continuous period of 12 months, it is subject to Apprenticeship Office approval before the suspension can come into effect.)* | | | | | | | | |
| **Agreement date\*:** | |  | | | | |  | |
| *\*The agreement date is the date on which all parties agreed to the above-mentioned suspension.* | | | | | | | | |
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|  |  | |  |  |  |  | |  |
|  | Employer representative name: | |  | Employer signature: |  | Date: | |  |
|  | *Please print* | |  |  |  |  | |  |

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