

## Cancellation of a training contract

Where the parties to a registered training contract mutually agree to cancel that contract, the employer must notify the nearest regional office of the Department of Education, Training and the Arts in writing within 14 days of reaching agreement to cancel.

**Note:** Where all parties do not consent to cancellation of the training contract, cancellation will not be effective unless the Training and Employment Recognition Council approves the application.

Please return the completed form to your nearest regional office of the Department of Education, Training and the Arts. The address can be obtained from the department's internet website shown below (click on the Quicklink "Contact us", then "Regional offices") or by telephoning Apprenticeships Info on 1800 210 210.

### Apprentice/trainee details

Full name:

Address:  PO Box:   
 Postcode:

Telephone number:  Registration number:

### Employer details

Full name:

Address:  PO Box:   
 Postcode:

Telephone number:

### Details/reason for cancellation (Please tick one box)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Closure/sale of business          | <input type="checkbox"/> No off-the-job training available     | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Difficulties off-the-job          | <input type="checkbox"/> Personal or medical reasons           | <input type="checkbox"/> Inadequate wage |
| <input type="checkbox"/> Difficulties on-the-job           | <input type="checkbox"/> Apprentice or trainee has another job | <input type="checkbox"/> Deceased        |
| <input type="checkbox"/> Employer cannot provide training  | <input type="checkbox"/> Apprentice or trainee has relocated   |  |
| <input type="checkbox"/> Employer has financial difficulty | <input type="checkbox"/> Apprentice or trainee misconduct      |  |

Commencement date of apprenticeship or traineeship:  /  /

Proposed date of effect of cancellation:  /  /

### Consents of parties—signatures

**Note:** It is advisable that you contact Apprenticeships Info on 1800 210 210 before signing this cancellation agreement.

Apprentice or trainee:  Date:  /  /

Parent or guardian:  Date:  /  /   
*(If apprentice or trainee is under 18 years of age)*

Employer:  Date:  /  /

Name of person signing for employer:   
*(Please print)*

**Disclaimer**—The Department of Education, Training and the Arts is collecting the information on this form to ensure the information with respect to your training contract is current and accurate. This information is authorised by the *Vocational Education, Training and Employment Act 2000*. Authorised departmental officers have access to this information and the department usually gives some or all of this information to State and Commonwealth Government departments or agencies, the Association of Independent Schools Queensland, Catholic Education, Australian Apprenticeships Centres, registered training organisations and Construction and Training Queensland. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.