

APPLICATION TO CANCEL A TRAINING CONTRACT

Employer Trading Name: _____

Apprentice/ Trainee Name: _____

Date of Cancellation or Last Day in the Workplace: _____

Within Probationary Period Mutual Cancellation Application to Cancel

Please 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"/>	Continuing employment with current Employer	<input type="checkbox"/>
Abandonment of employment	<input type="checkbox"/>	Business closure	<input type="checkbox"/>	Other employment	<input type="checkbox"/>
Only Cancelling Apprenticeship	<input type="checkbox"/>	Economic Downturn	<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"/>	Unknown	<input type="checkbox"/>
		Interstate relocation	<input type="checkbox"/>		
		Intra state relocation	<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 opportunities	<input type="checkbox"/>		
		Other reason not stated above	<input type="checkbox"/>		
		Unknown	<input type="checkbox"/>		

Additional Comments:	

DECLARATION			
Employer Representative Name		Signature	
Apprentice/Trainee Name		Signature	
Parent/Guardian Name (if applicable)		Signature	

Please Note: Userchoice funded Apprentices/Trainees can continue off the job training for a period of 12 months from the date of cancellation as per the Userchoice Funding Policy. <https://business.nt.gov.au/publications/policies/user-choice-fundingpolicy>