Cancel a training contract

Application for employers of apprentices

About this form

By signing this form you are agreeing to cancel your training contract. Once completed, please return the form to your local Apprentice Connect Australia Provider. To find your provider, see:

* [Australian Apprenticeships](https://www.apprenticeships.gov.au/who-to-contact/search-for-a-provider)

This form must be signed by a director of the legal entity that employs the apprentice, or a person authorised to bind the legal entity.

Before you apply

A training contract between an employer and an apprentice may only be cancelled:

* by mutual consent where both the apprentice and the employer agree to cancel the training contract; or
* the VRQA is of the opinion special circumstances make the cancellation desirable.

For apprentices who are under 18 years of age, your parent/guardian will need to agree to the cancellation of the training contract, and they are required to also sign this form.

If an employer cannot provide sufficient employment for an apprentice because of lack of business or financial difficulties, the employer may make an application to the VRQA. The VRQA may make a decision to suspend or cancel the training contract after making necessary enquiries.

If an employer or an apprentice is unable to reach agreement about the cancellation of a training contract a dispute should be raised with the Apprentice Connect Australia Provider or the VRQA. For more information, see:

* [Addressing problems and resolving disputes](http://www.vrqa.vic.gov.au/apprenticeships/Pages/addressing-problems-and-resolving-apprenticeship-disputes.aspx)

To ensure that no undue influence is applied to the cancellation process the employer and the apprentice/parent are required to sign separate forms.

Before completing this form, we recommend you contact your Apprentice Connect Australia Provider.

Privacy notice

We will handle your personal information in accordance with *the Privacy and Data Protection Act 2014*. The VRQA collects and uses the information you provide in this form for the primary purpose of cancellation of a training contract. In accordance with the *Education and Training Reform Act 2006* the VRQA may disclose information collected to various prescribed persons and bodies. The information may also be disclosed where otherwise authorised or required by law. Without the information in this form, we are unable to assess your application. You are able to request access to the personal information we hold about you under the *Freedom of Information Act 1982*, and request that it be corrected.

For more information see: [vrqa.vic.gov.au/vrqa-privacy-statement](https://www2.vrqa.vic.gov.au/vrqa-privacy-statement)

Cancel a training contract – Employer form

Cancellation of the apprenticeship training contract must be by mutual consent. If you do not agree to the cancellation of your training contract and would like to continue with your current employer, do not sign this form. Call the VRQA on 1300 722 603 to discuss your options.

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| --- | --- | --- | --- | --- | --- |
| Agreed final date of the training contract | | | | | |
| day | | month | | | year |
| This should be the last day of employment and training as an apprentice in the workplace. | | | | | |
| Employer details | | | | | |
| Legal entity name (e.g. company) |  | | | | |
| Trading name |  | | | | |
| ABN |  | | | | |
| Contact name |  | | | | |
| Telephone |  | | | Mobile |  |
| Email |  | | | | |
| Apprentice details | | | | | |
| Full name |  | | | | |
| Date of birth | day | | month | | year |
| Registration No |  | | | | |
| Email |  | | | Mobile |  |
| Declaration | | | | | |
| I declare that the above information is true and correct. I agree that the information I have given in this form and any attached documents may be used and disclosed for the purposes outlined in the privacy statement.  I/We agree to cancel the above training contract. | | | | | |

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| --- | --- | --- | --- | --- |
| Employer (name of legal entity) | |  | | |
| Director/authorised person name | |  | | |
| Date | \_ \_ \_ / \_ \_ / \_ \_ \_ \_ | | Director/authorised person signature |  |