Cancel a training contract

Application for traineeships

About this form

By signing this form, you are requesting the cancellation of the training contract between the employer and the trainee. Once completed, please return this form to your Apprentice Connect Australia Provider. To find your provider, see:

* [Australian Apprenticeships](https://www.australianapprenticeships.gov.au/search-aasn)

Either the employer or trainee can cancel the training contract at any time.

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

Before you apply

For trainees who are under 18 years of age, the parent/guardian needs to agree to the cancellation of the training contract and is also required to sign this form.

Before completing this form, it is recommended that the employer and trainee contact their Apprentice Connect Australia Provider if they have any questions about completing this form.

The VRQA may contact the parties to the training contract for further information.

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 – Traineeships form

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| --- |
| Agreed final date of the training contract |
| day | month | year |
| This should be the last day of employment and training of the trainee in the workplace. |
| Employer details |
| Legal entity name (e.g. company) |  |
| Trading name |  |
| ABN |  |
| Contact name |  |
| Telephone |  | Mobile |  |
| Email |   |
|  Trainee 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. |

|  |  |
| --- | --- |
| Employer (name of legal entity) |  |
| Director/authorised person name |  |
| Date | \_ \_ \_ / \_ \_ / \_ \_ \_ \_ | Director/authorised person signature |  |
| Trainee name |  |
| Date \_ \_ / \_ \_ / \_ \_ \_ \_ | Trainee signature |  |
| Is the trainee under 18 years of age? |[ ]  No |[ ]  Yes, parent/guardian to sign below: |
| Parent/guardian name |  |
| Date \_ \_ / \_ \_ / \_ \_ \_ \_ | Parent/guardian signature |  |