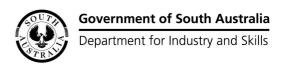
Application form:

Training Contract Completion



For assistance in completing this form call the Traineeship and Apprenticeship Information Service on 1800 673 097

Complete and submit this form to notify Regulation and Contract Management when there is agreement from the employer, Registered Training Organisation and the trainee/apprentice that the trainee/apprentice has attained all the competencies required in their trade or vocation.

- Required fields are indicated with a red asterisk on the right hand side: *
 - Please ensure the details in this application are correct, as further changes cannot be made once the application has been approved and finalised.

1. Trainee	apprentice (details
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1. Trainee/apprentice details	
First name(s):	*
Last name(s):	*
Phone number:	
Date of Birth (DD/MM/YY): / / /	
Training Contract number: \ \	*
Employer's legal name:	*
Employer's worksite postcode:	*
The actual completion date must be on or before the nominal completion date. It is usually the last day worked under the Training Contract. Actual completion date (DD/MM/YY): / / / / / / / / / / / / / / / / / / /	*
Trade/vocation name:	*
Qualification:	*
4. Continuing employment	
Will the trainee/apprentice continue employment with this employer or host employer? ☐ Yes ☐ No	*
5. Certificate address Only complete this section if this application relates to an apprenticeship.	*
Deliver certificate to:	
Postal address for certificate: Postcode:	*

6. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *Training and Skills Development Act 2008*. Please call the Traineeship and Apprenticeship Information Service on 1800 673 097 if you have any questions before you sign below.

We, the undersigned, declare that:				
We understand that the Training Contract will cease on	☐ Yes ☐ No *			
The trainee/apprentice has demonstrated competency in	☐ Yes ☐ No *			
Evidence of successful completion of the qualification is	☐ Yes ☐ No *			
Please provide a copy of the certificate issued by the Registered Training Organisation, or a signed letter on the Registered Training Organisation's letterhead stating that the qualification has been successfully completed, including the qualification name, national course code and parchment number.				
*	Print name:	*		
Employer representative signature	Signature date: / DD/MM/YY)	/ *		
Employer phone number or email:				
*	Print name:	*		
Trainee/apprentice signature	Signature date: / DD/MM/YY)	/*		
*	Print name:	*		
Parent/guardian signature (if learner aged under 18)	Signature date: / DD/MM/YY)	*		

You are advised to keep a copy of this signed form for your records.

Please submit all pages of this form to:

Post: Regulation and Contract Management

GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: dis.tamfax@sa.gov.au

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices