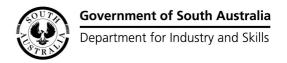
## **Training Contract variation application:**

## **Extension**



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

Complete and submit this form to apply to extend the term of a Training Contract in South Australia.

An extension application must be submitted to Regulation and Contract Management prior to the expiry of the Training Contract.

- 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		
First name(s):		,
Last name(s):		ķ
Phone no:	Mobile no:	
Date of Birth (DD/MM/YY): / / /		
Training Contract number:	\	*
Employer's legal name:		k
Employer's worksite postcode:		k
2. Extension details		
Current nominal completion date (DD/MM/YY): / / / /		*
Extension end date (DD/MM/YY): / / /		*
Reason for extension:		+

See page 2 of this form for required signatures.

## 3. 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.

*	Print name: *
Employer representative signature	Signature date: / / *
Employer phone number or email:	
*	Print name: *
Trainee/apprentice signature	Signature date: / / *
*	Print name: *
Parent/guardian signature (if learner aged under 18)	Signature date: / / *

You are advised to retain a copy of this 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