

## APPLICATION TO CANCEL A TRAINING CONTRACT

**Employer Trading Name:**

**Apprentice/ Trainee Name:**

**Date of Cancellation or Last Day in the Workplace:**

**Definition:**

Within Probationary Period (within 3 months of commencement, one signature required)

Mutual Cancellation (signed, or date agreed on by all parties)

Non-mutual Cancellation (date not confirmed)

**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"/>	Community development employment project (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"/>		
		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"/>				

**Additional Comments**


**DECLARATION – Note: Apprentice/Trainee under 18 must be co-signed by Parent/Guardian**

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

Please return the completed form to: [cancel@gtntgroup.com.au](mailto:cancel@gtntgroup.com.au)

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