





JOINTLY FUNDED BY THE AUSTRALIAN AND NORTHERN TERRITORY GOVERNMENTS

APPLICATION TO CANCEL A TRAINING CONTRACT

Employer Trading Name:					
Apprentice/ Trainee Name:					
Date of Cancellation or Last Day in the Workplace:					
Within Probationary Period		Mutual Cancellation		Application to Cancel $\ \square$	
Please mark one box in <u>each</u> column					
Cancellation Process		Reason for Cancellation	n	Outcome of Cancellation	
Resignation		Unsuited to Apprenticeship		Continuing or intending to continue in an apprenticeship	
Termination		Employer practices			
Abandonment of employment		Business closure		Continuing employment with current Employer	
Only Cancelling Apprenticeship		Economic Downturn		Other employment	
		Lack of Work		Further education or training	
		Wages and conditions		Unemployed	
		RTO concerns		CDEP	
		Work Performance		Holiday/employment break	
		Health		GTO Apprentice/Trainee going direct	
		Interstate relocation		to host employer	
		Intra state relocation			
		Change of vocation			
		Personal reasons			
		Cultural obligations			
		Literacy/Numeracy			
		Other opportunities			
		Other reason not stated above (please state reason)			
			-		
Additional Comments					
DECLARATION					
Faralana Bana 111		Name		Signature Date	е
Employer Representative					
Apprentice/Trainee					
Parent/Guardian (if applicable)					

Please return the completed form to: cancel@gtntgroup.com.au

Please Note: User Cchoice 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