

Cancel a registered training contract (by one party)

This form may be used if one party to a registered training contract decides to make application to the Department of Employment, Small Business and Training (DESBT) to cancel the contract if the party believes either the party or the other party to the contract cannot successfully complete that party's obligations under the contract.

An application to cancel a training contract under Section 35A of the *Further Education and Training Act 2014* **MUST** state the reasons for the proposed cancellation and the day the proposed cancellation is to take effect, being not less than 7 days after the application is given to DESBT.

PLEASE NOTE:

- There are options available for employers and apprentices or trainees to consider as an alternative to making an application to cancel the training contract, such as temporarily or permanently transferring the training contract to another employer. Phone **Apprenticeships Info** on **1800 210 210** or your **AASN provider** for information on the options available.
- If the parties have **mutually agreed to cancel** the training contract, the parties should complete and submit a signed form *ATF-034 Cancel a registered training contract (by all parties)*.
- If the **employment of the apprentice or trainee has already ceased** or the **business employing the apprentice/trainee has closed**, the party is to notify DESBT or their AASN provider as soon as possible.

If you require any information regarding the employer's obligation under the relevant industrial instrument and the *Fair Work Act 2009*, please phone the Fair Work Ombudsman on 13 13 94.

IMPORTANT INFORMATION

Completing this form – Failure to complete all details on pages 1 and 2 of this form may delay a decision on this application. Material or documents supporting this application may be attached when submitting this application.

Date of effect of cancellation – If the decision by DESBT is to cancel the training contract, the date of effect of the cancellation cannot be less than 7 days after the complete application to cancel is received by DESBT.

How to return this form (must be completed and signed)

- Online via [myApprenticeship](#) (available to registered apprentices/trainees and parents/guardians only) if you have an account; or
- Via email to apprenticeshipsinfo@qld.gov.au with a subject heading of **Cancellation one party** or post to **Apprenticeships Info, PO Box 15121, CITY EAST QLD 4002**.

IMPORTANT: Failure to complete all details on this form may delay a decision on this application.

| APPRENTICE OR TRAINEE DETAILS | | | |
|--|--|--|--|
| Training contract registration number: | | (This 9 digit number starting with 20 appears on all documentation from the department or your AASN provider.) | |
| Name: | | | |
| Email: | | Phone number: | |
| <input type="checkbox"/> the apprentice or trainee is the party making the application (please tick if yes) | | | |
| EMPLOYER DETAILS | | | |
| Trading name: | | | |
| Contact name: | | Phone number: | |
| Email: | | | |
| <input type="checkbox"/> the employer is the party making the application (please tick if yes) | | | |
| PROPOSED CANCELLATION OF TRAINING CONTRACT DETAILS <small>(Note: The party applying MUST believe either the party or the other party to the contract, cannot successfully complete that party's obligations under the contract. This application MUST state the reasons for the proposed cancellation and the day the proposed cancellation is to take effect.)</small> | | | |
| Reason/s for proposing to cancel the registered training contract: <small>(A reason MUST be provided. Further details supporting this application MUST be provided on Page 2.)</small> | | | |
| Date the proposed cancellation is to take effect: <small>(This date must be at least 7 days after the application is received by DESBT.)</small> | | | |



Further details supporting this application *MUST* be provided on this page to facilitate a timely investigation into the matter.

Has there been any attempt to resolve the issue/matter with the other party, or between the parties? Please provide details.

Is there any material or documentation that supports the reason/s for proposing to cancel the training contract? If yes, please document the details below.

Has the other party been notified of this application? If yes, please document any responses of the other party.

Is there any evidence of formal or informal discussions with the other party regarding the matter, i.e. diary notes, formal letter/warning to the other party, notes of meetings? Please provide details.

Has there been a breach of any other legislation that has led to this application being made, i.e. award/industrial agreement or occupational health and safety laws? If yes, has the matter been referred to the relevant authority, and what was the outcome or is the matter still ongoing?

Have any attempts been made to facilitate a temporary or permanent transfer of the training contract to another employer? If yes, provide details.

APPLICANT'S SIGNATURE

☐ I am the apprentice or trainee (please tick if yes)

☐ I am the employer (the person signing must be authorised to sign on behalf of the employer) (please tick if yes)

I understand I am making an application to cancel the registered training contract nominated in this application, under Section 35A of the *Further Education and Training Act 2014*.

I believe (please tick one):

☐ I cannot successfully complete my obligations under the training contract nominated in this application.

☐ the other party to the training contract nominated in this application cannot successfully complete their obligations under the contract.

Name:

Signature:

Date:

