

Cancel a registered training contract (by all parties)

This form is used to apply to cancel a training contract as per Section 33 of the *Further Education and Training (FET) Act 2014*.

Note: Options are available for employers and apprentice or trainees to consider as an alternative to cancellation. These include:

- amending the employment mode of the training contract, for example from full-time to part-time
- amending the training contract to change the qualification
- temporarily or permanently transferring to another employer
- suspending the training contract
- completion of the training contract.

If the employment of an apprentice or trainee has been terminated by the employer, irrespective of whether the parties have signed this form, the FET Act requires the employer and apprentice or trainee to notify DESBT or AASN provider immediately if the apprentice or trainee has:

- made an application for unfair dismissal under the *Fair Work Act 2009* (Cwlth), section 394, or
- made an application for reinstatement under the *Industrial Relations Act 2016*, section 317, or
- commenced another proceeding contesting the cessation of employment.

Phone Apprenticeships Info on 1800 210 210 if you require further information about your options to continue training. If you have any concerns about employment arrangements, please phone the **Fair Work Ombudsman** on 13 13 94.

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

1. Online via [myApprenticeship](#) (available to registered apprentices/trainees and parents/guardians only) if you have an account; or
2. Via email to your Australian Apprenticeship Support Network (AASN) provider (in Queensland), if known; or
3. Via email to apprenticeshipsinfo@qld.gov.au with a subject heading of **Mutual Cancellation** or post to **Apprenticeships Info, PO Box 15121, CITY EAST QLD 4002**.

IMPORTANT: Failure to complete all details on this form may delay processing of this transaction.

| 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: | | Date of birth: | |
| Email: | | Phone number: | |

| EMPLOYER DETAILS | | | |
|------------------|--|-------------|--|
| Trading name: | | ABN/ACN: | |
| Phone number: | | Fax number: | |
| Email: | | | |

| CANCELLATION DETAILS | | | |
|--|--|---|--|
| AGREED DATE OF CANCELLATION: | | The date of cancellation is the date the parties mutually agreed to cancel the training contract. | |
| We are aware of our rights as provided by the <i>FET Act 2014</i> and agree to cancel the stated training contract. We are aware that one party may WITHDRAW THEIR CONSENT , in writing to DESBT (via Apprenticeships Info) or their AASN provider, within seven days after the department or AASN provider receives this cancellation application. | | | |
| Apprentice or trainee's signature: | | Date: | |
| If the apprentice/trainee is under 18 years of age, a parent or guardian must also sign this form, if appropriate. | | | |
| Parent or guardian's name: | | Phone number: | |
| Parent or guardian's email address: | | | |
| Parent or guardian's signature | | Date: | |
| Name of authorised person signing on behalf of employer: | | Phone number: | |
| Employer's signature: | | Date: | |

