



Jointly Funded by 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

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"/> | 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 (please state reason) | <input type="checkbox"/> | | |
| | | _____ | | | |

| | |
|----------------------------|--|
| Additional Comments | |
| | |
| | |

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

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

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