

Training Contract variation application: Training Contract Extension



For assistance in completing this form call Innovation and Skills on 1800 673 097

Complete and submit this form to apply to extend the term of a Training Contract in South Australia.

An extension application must be submitted to Traineeship and Apprenticeship Services prior to the expiry of the Training Contract.

Required fields are indicated with a red asterisk on the right-hand side: *

Please ensure the details in this application are correct, as further changes cannot be made once the application has been approved and finalised.

1. Trainee/apprentice details

First name(s):				*	
Last name(s):				*	
Phone no:		Mobile no:			
Date of Birth (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	
Training Contract number:	<input type="text"/>	\	<input type="text"/>	*	
Employer's legal name:				*	
Employer's worksite postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*

2. Extension details

Current nominal completion date (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*
Extension end date (DD/MM/YY):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*
Reason for extension:						*

See page 2 of this form for required signatures.

3. Signatures

By signing below, you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *South Australian Skills Act 2008*. Please call Innovation and Skills on 1800 673 097 if you have any questions before you sign below.

Employer representative signature	* Print name:	*											
	Signature date: (DD/MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*	
Employer phone number or email:													

Trainee/apprentice signature	* Print name:	*											
	Signature date: (DD/MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*	

Parent/guardian signature (if learner aged under 18)	* Print name:	*											
	Signature date: (DD/MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*	

You are advised to retain a copy of this form for your records.

Please submit your application to:

Email: dis.tamfax@sa.gov.au

Post: **Traineeship and Apprenticeship Services**
GPO Box 320, Adelaide SA 5001

For assistance or more information please:

Call the **Skills Infoline** on 1800 673 097

Or visit us at www.skills.sa.gov.au/apprentices