FACT SHEET/FORM

**Termination of a training contract with apprentice consent**

Following the expiry of a training contract’s probation period, an employer cannot terminate a training contract without the consent of the apprentice\* (and the parent/guardian if applicable), or prior approval from the Department of Training and Workforce Development (the Department).

The termination does not prevent the apprentice from entering into a new training contract.

**Giving notices**

When an apprentice consents to terminate the training contract, the employer or apprentice (and parent/guardian if applicable) can submit the notice to terminate a training contract via the Western Australian Apprenticeship Management System (WAAMS) online client portal at [waamsportal.dtwd.wa.gov.au](https://waamsportal.dtwd.wa.gov.au/). WAAMS provides 24/7 online access to manage your training contracts and submit changes. Where possible, change requests submitted via the WAAMS client portal will be instantly approved.

Alternatively, you can complete and sign the attached form before submitting it to the Apprenticeship Office at [apprenticeshipoffice@dtwd.wa.gov.au](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

You should only submit the notice after the termination has taken place.

The training contract record on the Department’s system will be administratively closed as of the date the notice is processed by the Apprenticeship Office. This date may be different to the actual termination date, or the last working day.

Please note: it is important that no coercion takes place for either party to agree to the termination of a training contract

**Termination notice should not be used**

If the apprentice does not consent to terminate the training contract, the employer or apprentice may seek assistance from their nominated Australian Apprenticeship Support Network (AASN) provider for advice and guidance in the first instance. The AASN provider may facilitate a meeting between the parties and present alternatives to termination.

For further information, please refer to the *Termination of a training contract without apprentice consent* fact sheet at [dtwd.wa.gov.au/apprenticeship-office](http://www.dtwd.wa.gov.au/apprenticeship-office).

If the apprentice has abandoned the employment, please contact the Apprenticeship Office or refer to the *Cancellation of a training contract due to apprentice abandonment* fact sheet at [dtwd.wa.gov.au/apprenticeship-office](http://www.dtwd.wa.gov.au/apprenticeship-office).

*\*The term ‘apprentice’ covers apprentices, trainees, cadets and interns.*

# Notice to terminate a training contract

Please read the fact sheet before completing and submitting this form. If you have any questions, contact the Apprenticeship Office before signing this form. Email the completed form to [apprenticeshipoffice@dtwd.wa.gov.au](mailto:apprenticeshipoffice@dtwd.wa.gov.au).

**Please note: Do not use this form if the apprentice/trainee does not consent or has abandoned the workplace. Please contact the Apprenticeship Office on 13 19 54.**

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| --- | --- | --- | --- | --- | --- | --- |
| **Apprentice details** | | | | | | |
| Name: | | | | **Training contract ID:** | | |
| Address: | | | Suburb: | | | Postcode: |
| Phone: | | Email: | | | | |
| **Employer details** | | | | | | |
| Legal name: | | | | | | |
| Trading name: | | | | | | |
| Address: | Suburb: | | | | Postcode: | |
| Contact person: | Contact no: | | | |  | |
| Host employer *(if applicable)*: | | | | | | |
| **By signing this form, I hereby confirm that I have read and understood the information contained in the fact sheet and that the apprentice has consented to the termination of the training contract between the parties above.**  **I am aware that the record of the training contract will be administratively closed on the day when this form is processed by the Apprenticeship Office.** | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Apprentice name (please print) | | Apprentice signature | | Date |  |
| Employer representative name (please print) | | Employer representative signature | | Date |  |
| Parent/Guardian name (please print) | | Parent/Guardian signature | | Date |  |
| **Please indicate the reason/s for termination** *(for statistical purposes only)* | | | | | |
| Business downturn | Performance/progression issues | | Personal reasons/reasons unknown | | |
| Career change/alternative employment | Other, please specify | |  | | |

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