

1800 210 210 | apprenticeshipsinfo@qld.gov.au | desbt.qld.gov.au

Further Education and Training Act 2014

ATF-050

## 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 **do not use this form**, 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.

Queensland apprentices who have had their training contract cancelled and would like assistance to re-enter their chosen career can register their details on the out-of-trade register at <a href="www.tradeapprentices.com.au">www.tradeapprentices.com.au</a>.

If you require any information regarding the employer's obligations under the relevant industrial instrument and the *Fair Work Act 2009*, please phone the Fair Work Ombudsman on 13 13 94.to re-enter their chosen career by registering their details on the out of trade register at <a href="https://www.tradeapprentices.com.au">www.tradeapprentices.com.au</a>.

## **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.

Return this form (must be <u>completed</u> and <u>signed</u>) via email to <u>apprenticeshipsinfo@qld.gov.au</u> (using 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 C	R TRAINEE DETAIL	LS								
Training contract	registration number:	r:						(This 9 digit number starting with 20 appears on all documentation from the department or your AASN provider.)		
Name:										
Email:									Phone number:	
☐ the apprentice	☐ the apprentice or trainee is the party making the application (please tick if yes)									
EMPLOYER DETAILS										
Trading name:										
Contact name:									Phone number:	
Email:										
☐ the employer is the party making the application (please tick if yes)										
PROPOSED CANCELLATION OF TRAINING CONTRACT DETAILS (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.)										
Reason/s for pro the registered tra (A reason MUST be details supporting the provided on Page 2.	ining contract: provided. Further is application MUST be									
Date the proposed cancellation is to take effect: (This date must be at least 7 days after the application is received by DESBT.)										

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## ATF-050

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.							
la 4h			4 40				
If yes, please document the det	ntation that supports the reason/s for proposing to cancel the t ills below.	training con	tract?				
, , ,							
Has the other party been notified	d of this application? If yes, please document any responses of	f the other p	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?		,					
yes, provide details.	o facilitate a temporary or permanent transfer of the training co	ntract to an	other employer? If				
APPLICANT'S SIGNATURE							
☐ I am the apprentice or trained	(please tick if yes)						
$\square$ I am the employer (the perso	n 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 <i>Further Education and Training Act 2014</i> .							
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:							
		Date:					
Signature:		Date.					

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