

Cancellation of Training Contract (AAN-VA004-01)

This form comes from the following procedure:

[Cancellation Procedure](#)
[Field Officer Visit Procedure](#)
[Phone Visit Procedure](#)

Employer Name:

Apprentice/Trainee Name:

Cancellation Type (mark one box only)

Date of Cancellation:

(Last day in workplace)

Within Probationary Period

Mutual Cancellation

Application to Cancel

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"/>	Other employment <input type="checkbox"/>
Abandonment of employment <input type="checkbox"/>	Business closure <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"/>	Undecided <input type="checkbox"/>
	Interstate relocation <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Intra state relocation <input type="checkbox"/>	
	Other opportunities <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 <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	
Economic Downturn <input type="checkbox"/>		

AANNT INTERNAL USE ONLY
Cancellation confirmed with
 Employer Apprentice
AANNT Officer: _____
Date: _____

Additional comments: _____

Employer Signature:

Print Name:

Apprentice/Trainee Signature:

Print Name:

*Parent/Guardian Signature:

Print Name:

Date...//

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* N/A if Apprentice/Trainee is over 18 years of age

AANNT report and recommendation:

Recommended/Not Recommended:

Date
Signature

DoB Delegate report and recommendation:

Approved/Not Approved:

Date
DoB Delegate Signature

NOTE: USER CHOICE FUNDED APPRENTICES/TRAINEES ARE ABLE TO CONTINUE OFF THE JOB TRAINING FOR A PERIOD OF 12 MONTHS FROM THE DATE OF CANCELLATION AS PER THE USER CHOICE POLICY