Application to Suspend a Training Contract

(AAN-VA014-01)

This form comes from the following procedure	Processing a Suspension Procedure

WITH / WITHOUT PAY (Please circle ONE)

I …….. a party to the Training

Contract between……..and ……
(organisation) (apprentice/trainee)

and ……hereby apply that the Training Contract be suspended
(*parent/guardian)

from ……/ ……/ …… to ……/ ……/ ……

*** Delete if apprentice/trainee is over 18 years of age**

Reason for Application (please provide a brief explanation eg)
Please Tick

- € Maternity Leave:……..
- € Un-hosted:……..
- € Medical (workers compensation due to workplace injury. Copy of medical certificate to be submitted with applicaton):……..
- € Medical (other) Reason:……..
- € Other Reason:……..

…….. …….. ……
Printed Name **Signature** **Date**

…….. ……
***Parent/Guardian Signature** **Date**
**** Not applicable if apprentice/trainee is over 18 years of age***

AANNT report and recommendation:

……

……

Recommended/Not Recommended: …….. ……..
Signature Date

Approved/Not Approved: …… ……
DTBI Delegate Date

Date parties notified: ……/ ……/ ……

This form also relates to other forms	Nil

Note: This document is deemed UNCONTROLLED once printed.