

# 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