



Training Contract variation application: Extension

For assistance in completing this form call the Skills Infoline on 1800 673 097

Submit faster using ATLAS Portal: atlas.skills.gov.au

Complete and submit this form to apply to extend the term of a Training Contract in South Australia.

An extension application must be submitted to Traineeship and Apprenticeship Services prior to the expiry of the Training Contract.

! Required fields are indicated with a red asterisk on the right hand side: *

! Please ensure the details in this application are correct, as further changes cannot be made once the application has been approved and finalised.

1. Trainee/apprentice details

First name(s):		*
Last name(s):		*
Phone no:	Mobile no:	
Date of Birth (DD/MM/YY):		<input type="text"/> / <input type="text"/> / <input type="text"/>
Training Contract number:		<input type="text"/> \ <input type="text"/> *
Employer's legal name:		*
Employer's worksite postcode:		<input type="text"/> *

2. Extension details

Current nominal completion date (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Extension end date (DD/MM/YY):	<input type="text"/> / <input type="text"/> / <input type="text"/>	*
Reason for extension:		*

Note: If the extension request is to enable off-job training to be completed, please attach a Statement of Attainment from the training provider showing units completed so far, and advise of all units that still require completion.

> See page 2 of this form for required signatures.

3. Signatures

By signing below you acknowledge that you are aware of your rights and obligations under the Training Contract and under the *South Australian Skills Act 2008*. Please call the Skills Infoline on 1800 673 097 if you have any questions before you sign below.

Employer representative signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *
Employer phone number or email:	

Trainee/apprentice signature	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

Parent/guardian signature (if learner aged under 18)	* Print name: *
	Signature date: (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> *

You are advised to retain a copy of this form for your records.

Please submit all pages of this form to:

Submit faster using ATLAS Portal: atlas.skills.sa.gov.au

Email: education.tasforms@sa.gov.au

Post: **Traineeship and Apprenticeship Services**
GPO Box 1152
Adelaide SA 5001

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices