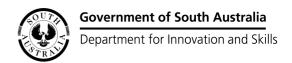
Training Contract variation application:

Request for Credit



For assistance in completing this form call the Department for Innovation and Skills on 1800 673 097

Complete and submit this form to apply to add or remove credit from a Training Contract.

This form relates to the Standard 10, Suspension where time spent at off-job training during suspension will be credited towards the training contract and an adjustment made to the nominal term of the contract and suspension duration.

The period of suspension is not recognised as part of the nominal term of the Training Contract. Upon resumption of the training contract, the nominal term of the training contract will be extended to cover the period of suspension.

Adding credit will bring forward the nominal completion date of the Training Contract, while removing credit will extend the term of the Training Contract.



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

Note

First name(s):

Supporting evidence must be provided before the request can be approved.

1. Trainee/apprentice details

Last name(s):		*
Phone no:	Mobile no:	
Date of Birth (DD/MM/YY):	/ /	
Training Contract number:		*
Employer's legal name:		*
Employer's worksite postcode:		*
2. Credit details		
Effective from (DD/MM/YY):		*
i i	Add credit - this will reduce the term of the Training Contract	*
or	Remove credit - this will extend the term of the Training Contract.	
1		*
Credit amount: Mont	ths Weeks Days	
Reason for credit:		*

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 Department for Innovation and Skills on 1800 673 097 if you have any questions before you sign below.

•	Print name:			*
Employer representative signature	Signature date: (DD/MM/YY)	/	/	*
Employer phone number or email:				
•	Print name:			*
Trainee/apprentice signature	Signature date: (DD/MM/YY)	/	/	
•	Print name:			*
Parent/guardian signature (if learner aged under 18)	Signature date: (DD/MM/YY)	/	/	*

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

Please submit your application to:

Email: dis.tamfax@sa.gov.au

Post: **Traineeship and Apprenticeship Services** GPO Box 320, Adelaide SA 5001

For assistance or more information please:

Call the **Skills Infoline** on 1800 673 097 Or visit us at www.skills.sa.gov.au/apprentices