

Department for Innovation and Skills

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

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

An application to extend the probationary period may be made by the employer, the apprentice/trainee, or both.

Note: if the application is not a joint application by the employer and apprentice/trainee, the Commission must seek the views of the other party to the training contract about whether or not the application should be granted.

The <u>total</u> maximum probationary period allowable is, six months or 25% of the term of the Training Contract (whichever is less).

An application to extend the probationary period must be submitted to Traineeship and Apprenticeship Services no less than 14 days before the expiry of the nominal probationary period.



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. Apprentice/trainee details

First name(s):		*
Last name(s):		*
Phone no:	Mobile no:	
Date of Birth (DD/MM/YY):		*
Training Contract number:		*
Employer's legal name:		*
Employer's worksite po	stcode:	*

2. Extension to probationary period details

Curre	ent probationary period end date (DD/MM/YY):		*
The	osed probationary period end date (DD/MM/YY): <u>maximum total</u> probationary period allowable is - six months 5% of the term of the Training Contract (whichever is less)		*
Reas	son for extension of the probationary period (response type - Yes or N/A)		*
	Employer uncertain about the apprentice or trainee suitability in th	e apprenticeship or traineeship	*
	Apprentice or trainee uncertain about their suitability in the appren	ticeship or traineeship	*
	Other – provide a reason -		*

See page 2 to complete this application

Probationary Extension Period applications are to be submitted 14 days before the expiry of the original probationary period. If you are applying for a Probationary Extension after the 14-day timeframe, provide a reason for the delay in submitting this application for consideration, (If not applicable put N/A)				
	*			

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

*	Print name						*			
		1			1	r				_
Employer representative signature				/			/		*	
	Date:									
Employer phone number or email:										

*	Print name						
Trainee/apprentice signature		*					
	Date:						
Γ							
*	Print name	*					
Parent Guardian signature (if learner aged under 18)		*					
	Date:						

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 <u>www.skills.sa.gov.au/apprentices</u>

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