

REQUEST FOR EARLY COMPLETION



This form is to be used in conjunction with the 'Guidelines for Early Completion of Contracts of Training' issued by the Department and available at www.skilling.nsw.gov.au

Employer (as per training contract):
 Apprentice/Trainee Name (please print): TCID:
 Nominal completion date: New completion date:.....
 Contract term to be reduced by:months

TO BE COMPLETED BY THE APPRENTICE/TRAINEE

I have successfully completed the formal component of the required training and provide the following documentary evidence issued by the Registered Training Organisation.

- Official Transcript
- or
- Qualification Issued (original or certified copy)

Note: You must provide one of the above for this request to be considered.

Name: Phone:
 Address:
 Signature: Date:

TO BE COMPLETED BY THE EMPLOYER

Do you consider the apprentice/trainee has achieved the required level of competence? Yes No

Do you support this request for early completion? Yes No

If no, please state reasons:

Name of Registered Company:
 Name of authorised representative (please print):
 Position: Phone:
 Signature: Date:

OFFICE USE ONLY

	Yes	No	N/A
Applicant has completed the formal training as specified in the Training Contract and in accordance with the VTO.			
Employer considers the applicant competent at the standard required by industry.			
Evidence has been submitted to support this request (as per Guidelines) <ul style="list-style-type: none"> • Official Transcript or • Qualification issued (original sighted or certified copy) 			
Refusal decision has been discussed with both parties prior to dispatch of written advice.			
Request approved (as per current delegation)			

Name: Position:
 Signature: Date: