**Suspension of a registered training contract**

An employer and apprentice or trainee may make application to temporarily suspend their responsibilities associated with the training contract for a period of up to 12 months per application. This may occur for a range of reasons including but not limited to an interval between periods of seasonal employment, long term illness/injury, gap/study year or a period when the apprentice/trainee will undertake tasks not related to the apprenticeship/traineeship.

A suspension under the *Further Education and Training Act 2014***does not** suspend the employment relationship between the employer and apprentice/trainee, and **does not** remove the employer’s obligation to continue to pay wages under the relevant industrial instrument and the *Fair Work Act 2009*. The employer and apprentice or trainee **must** determine the ongoing employment arrangement during the period of a training contract suspension by contacting the Fair Work Ombudsman on 13 13 94 or [www.fairwork.gov.au](http://www.fairwork.gov.au).

**Completing this form** – Failure to complete all details on this form may delay processing of this transaction and may mean the commencement date of the suspension is delayed. The signature of a parent or guardian is required only if the apprentice or trainee is under 18 and it is appropriate (e.g. the apprentice or trainee is not living independently of the parent or guardian).

**Commencement date of the suspension** – The commencement date cannot be backdated. The suspension will commence no earlier than 7 days after your application is lodged. (Note: Day 1 is calculated as the day after your application is lodged. The earliest a suspension can commence is day 8, therefore you need to ensure you lodge your application with enough clear days before you want the suspension to commence.)

**Withdrawal of consent** – Either party may withdraw their consent/s to the application, **in writing** to their Apprentice Connect Australia Provider (Provider), or the department through Apprenticeships Info (see details below), **within 7 days from the date the application is lodged**. If a parent or guardian signed the suspension application and the apprentice or trainee is the party withdrawing their consent, the parent or guardian must also sign the withdrawal of consent.

**Early return to work from suspension** – If the apprentice or trainee resumes work before the suspension period ends, you must notify your Provider or the department through Apprenticeships Info (see details below) of this decision. Your notification must be in writing, signed by employer and apprentice or trainee (and a parent or guardian, if applicable), stating the date of return to work.

**Select your nominated Provider and return the completed and signed form (using a subject heading of ‘Suspension’) via email -**

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| [ ]  Busy At Workamendments@busyatwork.com.au | [ ]  MEGTcpuqueriesqld@megt.com.au  | [ ]  MAS Nationalqlddelegations@masnational.com.au  |
| [ ]  Apprenticeship Support Australia (ASA)info@apprenticeshipsupport.com.au  | [ ]  SYCapprenticeshipsinfo@qld.gov.au  | [ ]  ITECapprenticeshipsinfo@qld.gov.au  |

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| **SUSPENSION DETAILS** (Note: Applications cannot exceed a period of 1 year) |
| **Proposed start date:** |       | **Proposed end date:** |       |
| **Reason/s for the suspension:***(What would the period of suspension be used for?)* |       |

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| **EMPLOYER DETAILS** |
| **Trading name:** |       | **ABN:** |       |
| **Email:** |       |
| I understand this suspension will suspend all responsibilities associated with the registered training contract **ONLY** for the nominated period. I declare I have the authority to sign on behalf of the employer. |
| **Name of authorised person signing for employer:** |       | **Phone number:** |       |
| **Signature:** |       | **Date:** |       |

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| **APPRENTICE OR TRAINEE DETAILS (and parent or guardian if appropriate)** |
| **Training contract registration number:** |       | (This 9 digit number starting with 20 appears on all documentation from the department or your Provider.) |
| **Name:** |       |
| **Email:** |       | **Phone number:** |       |
| I understand this suspension will suspend all responsibilities associated with the registered training contract **ONLY** for the nominated period. |
| **Signature:** |       | **Date:** |       |
| **Parent or guardian’s name:** |       |
| **Parent or guardian’s email:** |       | **Phone number:** |       |
| **Parent or guardian’s signature:** |       | **Date:** |       |