

1800 210 210 | apprenticeshipsinfo@qld.gov.au | desbt.qld.gov.au

Further Education and Training Act 2014

ATF-049

Suspension of a registered training contract (by one party)

A party to a registered training contract may make application to the Department of Employment, Small Business and Training (DESBT) to suspend both the party's responsibilities associated with the training contract for a period of up to 12 months, if the other party cannot perform their obligations under the training contract. The party applying **MUST** reasonably believe the other party to the contract **cannot agree to a proposed suspension under Section 30** of the *Further Education and Training Act 2014* (FET Act), **and is not in a position to provide informed consent**.

If the training contract is suspended under the FET Act following an application by one party, this **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*. For further information about the ongoing employment arrangement during the period of an approved training contract suspension, please phone the Fair Work Ombudsman on 13 13 94 or www.fairwork.gov.au.

IMPORTANT INFORMATION

Completing this form – Failure to complete all details on this form may delay a decision on this application and may mean the commencement date of the suspension is delayed. Irrespective of which party is making this application (i.e. the employer or apprentice/trainee), if the apprentice or trainee is under 18 and it is appropriate in all circumstances, the signature of the parent or guardian is required.

Commencement date of the suspension – If the decision by DESBT is to suspend the training contract, the commencement date cannot be less than 7 days after the complete application by the party to suspend the contract is received by DESBT.

Change in circumstances after a suspension is approved – If circumstances change during a period of approved suspension and the party who was not in a position to provide informed consent, is now in a position to provide informed consent and is able to discuss matters relating to the training contract, the party who made the application must immediately notify the DESBT in writing (see details below) and on 1800 210 210.

How to return this form (must be <u>completed</u> and <u>signed</u>)

Via email to apprenticeshipsinfo@qld.gov.au with a subject heading of One Party Suspension or post to Apprenticeships Info, PO Box 15121, CITY EAST QLD 4002.

IMPORTANT: Failure to complete all details on this form will delay a decision on this application.

	•	itii i analo te	, oompie	oto an aotano on tino	Torrir Will dolay a c		une appnea		
PROPOSED S The party applying	SUSPENSION MUST reasona	N DETAILS ably believe the	– if one other pa	party to the contract rty to the contract can	cannot perform the	eir obligation Of the FET	ns under the Act, agree to	training contract (Note: a proposed suspension.)	
Proposed start date:			Proposed end date						
Reason/s for proposing to suspend the training contract: (A reason MUST be provided.)						<u> </u>			
Please provide details of why the applicant believes the other party cannot agree to the suspension: (Details MUST be provided.)									
APPRENTICE	OR TRAINE	E DETAILS							
Training contra	ct registration	n number:	er: documentation from the				ion from the de	ing with 20 appears on all partment or your Apprentice ralia Provider.)	
Name:									
Email:						Phone r	number:		
EMPLOYER D	ETAILS								
Trading name:									
Contact name:						Phone r	Phone number:		
Email:									
APPLICANT'S SIGNATURE									
☐ I am the apprentice or trainee (please tick if yes)									
☐ I am the employer (the person signing must be authorised to sign on behalf of the employer) (please tick if yes)									
of the FET Act. I	reasonably be	elieve the othe	er party		act cannot, under	Section 30		tion, under Section 32A Act, agree to a proposed	
Applicant's nar	ne:								
Applicant's signature:			Date:						
Parent or guardian's name:									
Parent or guardian's email:						Pho	ne number:		
Parent or guard			cation)			Date):		

Version 4 – July 2024

Document uncontrolled when printed

Page **1** of **1**

