

WORKER / APPRENTICE TERMINATION FORM

This form is to be completed by the employer where the training agreement of an apprentice is cancelled/terminated or where the employment of a worker being a former apprentice, is terminated due to shortage of work or redundancy before that worker has completed a further 12 months within the industry.

This form will only be accepted if the following criteria are met:

- The cancellation/termination of the training agreement of the apprentice was initiated and implemented by the employer. Written proof of cancellation of the agreement is required.
- If the worker is a former apprentice written proof of completion of the apprenticeship is required.
- The reason for the termination is due to shortage of work or redundancy. **Please note:** if the worker/apprentice resigned or ceased work voluntarily or due to any other reason, this form will not be accepted and the worker will not be eligible to claim their apprentice credits.
- The employer has no arrangement either verbal or written to re-employ this worker/apprentice within the company.
- **An initial claim form or Genuine Redundancy claim form is completed and lodged with this form.**

The following people are only authorised to sign this form on behalf of the employer.

- A current director of the company
- A partner of the business
- An authorised contact for the business as previously advised in writing to Incolink.

EMPLOYER DECLARATION

Company Name _____

Incolink Employer No

Hereby declare that:

Worker/Apprentice Name _____

Incolink Member No

Address of Worker/Apprentice _____

Postcode

Date of Birth / /

Ceased employment with our company on / / (Termination Date)
due to shortage of work/redundancy and will not be recommencing employment with our company.

Signed on behalf of the employer by:

Name _____

Position _____

Signature of authorised Person _____ Date / /