

Notification that employment has ceased

This form is made available to notify the Department of Trade, Employment and Training (DTET) or Apprentice Connect Australia Provider (Provider) that the employment of an apprentice or trainee has ceased or the business employing the apprentice/trainee has closed.

Please note:

- **THIS FORM IS NOT AN APPLICATION TO CANCEL AN APPRENTICESHIP OR TRAINEESHIP.**
- If the employment of an apprentice or trainee has been terminated by the employer, the *Further Education and Training Act 2014* requires the employer and apprentice or trainee to notify DTET or Provider immediately if the apprentice or trainee has:
 - made an application for unfair dismissal under the *Fair Work Act 2009* (Cwlth), section 394, or
 - made an application for reinstatement under the *Industrial Relations Act 2016*, section 317, or
 - commenced another proceeding contesting the cessation of employment.
- This form is **NOT** required if the employer and apprentice/trainee have agreed:
 - to cancel the training contract and submitted a signed form *ATF-034 Cancel a registered training contract (by all parties)*, or
 - to permanently transfer the training contract to a new employer and submitted a signed form *ATF-039 Permanent transfer application by all parties and proposed new employer*, or
 - that the apprenticeship/traineeship has been completed, and have completed and signed a form *ATF-011 Completion agreement* and given it to their supervising registered training organisation (SRTO) to lodge with the department.
- The training contract will **NOT** be cancelled unless it is at least 21 days since employment of the apprentice/trainee has ceased.

Queensland apprentices who have had their training contract cancelled and would like assistance to re-enter their chosen career can register their details on the out-of-trade register at www.tradeapprentices.com.au.

How to return this form

Please provide as many details as possible to MEGT (Australia) Ltd at cpuqueriesqld@megt.com.au or via mail: PO Box 311, Toowong DC, Qld 4066.

APPRENTICE OR TRAINEE DETAILS (Provide as much detail as possible)			
Training contract registration number:		(This 9 digit number starting with 20 appears on all documentation from the department or your Provider.)	
Full name:			
Date of birth:			
Address:			
EMPLOYER DETAILS			
Employer name:			
Employer contact:			
DATE EMPLOYMENT CEASED:			
Is the ceased date during probation? (please tick one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
This form is submitted by:	<input type="checkbox"/> the employer of the apprentice or trainee <input type="checkbox"/> the apprentice or trainee <input type="checkbox"/> a third party		
Name of person submitting notification (please print):			
Name of third party (eg: Trading name):			
Signature:		Date:	