|  |
| --- |
| **Please return completed form to:** |
| Swinburne University  |
| PO Box 218 – W7 |
| HAWTHORN VIC 3122 |

***Or sign, date and send back to SHQapprentices@swin.edu.au***

|  |
| --- |
| **Section 1: Student Details** |

|  |  |
| --- | --- |
| **Apprentice Name:** |  |
| **Date of Birth:** |  | **National Course Code:** |  |
| **National Course Title:** |  |
|  |  |

**DELTA Registration Number**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Section 2: Employer Details** |

*Statement of completion:* **ON THE JOB TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name:** |  | **ABN No:** |  |
| **Address:** |  |
| **Suburb:** |  | **Postcode:** |  | **Phone:** |  |

|  |
| --- |
| I certify that this apprentice has attained the skills and experience prescribed for the apprenticeship program and understand that in signing this statement, I am agreeing that the apprenticeship is complete as of the date of completion. I understand that completion of the apprenticeship means that the employee is no longer employed under the employment conditions of an apprentice and that this final confirmation completes the training contract.  |
| **Date of Completion:** |  | *(Last day of Employment as an Apprentice)* |
| **Print Name:** |  | **Date:** |  |
| **Signature of Employer:** |  |  |

|  |
| --- |
| **Section 3: SUT Office Use Only** |

*Statement of completion:* **OFF THE JOB TRAINING**

|  |
| --- |
| I certify that this apprentice has successfully achieved all the prescribed competencies in the course of training and that all results for the course are recorded on the Student Management System and the student/employer has no outstanding debts with Swinburne. I confirm that the student is now eligible for the award as prescribed in Section 1. |
| **Print Name:** |  | **Date Course Completed:** |  |
| **Signature:** |  | **Phone Number:** | 1300 794 628 |