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| **Please return completed form to: *SHQapprentices@swin.edu.au*** |

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| **Section 1: Student Details** |

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| **Trainee Name:** |  | | |
| **Date of Birth:** |  | **National Course Code:** |  |
| **National Course Title:** |  | | |

**DELTA Registration Number**

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| **Section 2: Employer Details** |

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

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

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

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

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

|  |  |  |  |  |
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| I certify that this trainee 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 794 268 | |