

## FACT SHEET/FORM

## Extension of training contract probation period

All training contracts entered into between an apprentice\* and an employer have a probation period.

The probation period begins on the commencement date stated in question three of the training contract and is the shorter of:

- three months; or
- one-twelfth of the contract's nominal period.

Please note: the probation period must not be less than one month, unless it is for an assignment of a training contract.

## **Extension of probation**

During probation, an apprentice (and their parent/guardian if applicable) or employer may apply to the Apprenticeship Office to extend the probation period.

The extension requested must not exceed the initial probation period. For example; where the initial probation period was one month, the maximum extension to the probation period will be one month.

A *Notice to extend a training contract* can be submitted via the Western Australian Apprenticeship Management System (WAAMS) online client portal at <a href="waamsportal.dtwd.wa.gov.au">waamsportal.dtwd.wa.gov.au</a>. WAAMS provides 24/7 online access to manage your training contract and submit changes. Where possible, change requests submitted via the WAAMS portal will be instantly approved.

Alternatively, you can complete and sign the attached form before submitting it to the Apprenticeship Office at apprenticeshipoffice@dtwd.wa.gov.au.

\*The term 'apprentice' includes apprentices, trainees, cadets and interns.

## Application to extend the probation period of a training contract

Please read the fact sheet before completing and returning this form. If you have any questions, contact the Apprenticeship Office before signing this form. Email the completed form to <a href="mailto:apprenticeshipoffice@dtwd.wa.gov.au">apprenticeshipoffice@dtwd.wa.gov.au</a>.

Apprentice details			
Name:		Training contract ID:	
Address:	Suburb:	Postcode:	
Mobile:	Email:		
Employer details			
Legal name:			
Trading name:			
Address:	Suburb:	Postcode:	
Contact person:	Contact no:		
Host employer (if applicable):			
Please indicate the employment arrange			
☐Federal Award		alian Workplace Agreement	
☐Certified Agreement		Workplace Agreement	
□State Award	□Other		
Name of Agreement/Award:			
December of the automaion to prohotion no			
Reason/s for extension to probation pe	rioa		
Ducianing this form I confirm that all n	carties have road and unders	tood the information on the fact	
By signing this form, I confirm that all parties have read and understood the information on the fact sheet and agreed to the period of extension to probation as below.			
Period of extension to probation period	l:		
(only one party is required to sign this form)			
Apprentice signature:		Date:	
Employer signature:		Date:	
Parent/guardian signature: (if applicable)		Date:	

Apprenticeship Office

T: 13 19 54

E: apprenticeshipoffice@dtwd.wa.gov.au W: dtwd.wa.gov.au/apprenticeshipoffice

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