

Request to Terminate Training Agreement

Please fully complete and return to Careerforce, PO Box 25255, Christchurch 8144 or to info@careerforce.org.nz

1. Employer's Details

Company name

Key contact name

E-mail address

2. Trainee's Details

Date of birth (e.g. 30/11/1985)/...../.....

First Name: Last Name:

Address:

City: Post Code:

Home Phone: Mobile:

Email Address:

3. Reason for Request of Termination

Health Concerns		Leaving Employer		Training elsewhere	
Leaving Industry		Stop training		Family Commitments	
Deceased		Moving overseas		Retirement	
Other:					

Date termination is to be effective from:

4. Signatures (acceptable with either one or both signatures)

Trainee: Date:

Employer: Date:

Itomic number:	Date:	Actioned by:	Approved by: