



TRAINING SERVICES NSW PO BOX 1007 PARRAMATTA NSW 2124 Ph:9204 7400 Fax:9635 9775

1 February 2016

Dear Sir or Madam

I am pleased to advise that your application to establish an apprenticeship for XXXXXXXX has been approved. The details of the apprenticeship are:

TCID Number:

543210\1 (training contract identification number)

Name of apprenticeship:

Qualification:

Registered Training Organisation:

Date of commencement:

1 February 2016

*Term of apprenticeship:

4 years

Probationary period:

3 months from the date of commencement

Full-term completion date:

1 February 2020

*Note that while the term of the apprenticeship is 4 years, provisions are now in place for the completion of the apprenticeship on the achievement of competence rather than time served. Following advice that XXXX has completed the qualification and with the agreement of the parties the apprenticeship may be completed at that stage.

The apprenticeship will become binding from the end of the probationary period or from the date of this letter, whichever is the later.

For further information or assistance in relation to:

- State and Commonwealth government incentives
- learner and employer obligations under an apprenticeship, including your obligations to release XXXX to attend structured training and to notify the Department of any changes to the apprenticeship within 14 days
- varying the apprenticeship, including extending, cancelling, suspending, transferring or applying for competency-based completion

please visit the Training Services NSW website <u>www.training.nsw.gov.au</u> or contact the Training Services NSW regional office detailed above.

I would like to offer my congratulations on the establishment of this apprenticeship and I wish you every success in this arrangement.

Yours sincerely

FOR THE COMMISSIONER FOR VOCATIONAL TRAINING