



Instructions for completion

Complete this form to apply for an extract of an Australian Apprenticeship training contract partially completed in the ACT.

Forms can be submitted by:

Email: skills@act.gov.au

Mail: GPO Box 158, Canberra ACT2601

Section 1 - Apprentice details

Australian Apprentice number

Date of birth

Name

Home phone

Mobile phone

Email address

Home address

Section 2 - Former apprenticeship details

Qualification code and name

Former employer trading name

Registered training organisation

Section 3 - Forwarding details

Please enter each email address you would like the extract sent

Email address 1

Email address 2

Email address 3

Section 4 – Declaration and Australian Apprentice signature

I declare the information provided in this form is true, correct and complete.

Signature

Date signed

Electronic signatures will be accepted.