

**Guidelines for Apprenticeship Training Program**

**Cancellation Form**

(Please fill in the table and submit to the program officer in case the apprentice resigns or the employer terminates the apprentice. **It is mandatory**)

**Cancellation of the apprenticeship will not take effect until it is approved by the Department of Human Resources**

**Trainee details**

Name: \_\_\_\_\_ CID No: \_\_\_\_\_ Gender: M/F (tick appropriate)  
Qualification: \_\_\_\_\_ Contact No: \_\_\_\_\_/\_\_\_\_\_ Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Training duration: \_\_\_\_\_

**Employer details**

Name: \_\_\_\_\_ Location of the company: \_\_\_\_\_  
Contact No: \_\_\_\_\_/\_\_\_\_\_ Fax No: \_\_\_\_\_ Email address: \_\_\_\_\_

.....  
**Details/ reason(s) for cancellation (please tick the appropriate answer(s))**

Date of joining: \_\_\_/\_\_\_/\_\_\_ Date of completion: \_\_\_/\_\_\_/\_\_\_

*Reason for cancellation*

a. To be filled by employer

Habitual Absenteeism       Poor performance       Illness  
 Closure of business       Engaged in violence

**Others specify:**

b. To be filled by Apprentice

Better opportunity       Personal problem       Cruel or Inhuman treatment  
 Higher studies       Financial Hardship       Lack of suitable work/assignment  
 Lack of skilled supervisor       Job satisfaction       Qualified for other trainings

**Others specify:**

.....  
**Consent of parties-signatures**

**Apprentice:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
**Parent/guardian (if applicable):** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Employer:** \_\_\_\_\_  
**Employer's representative (incase if employer is not available):** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date of submission: ...../...../.....

.....  
**For use by Department**

**Date of effect of cancellation (Approval of cancellation):** \_\_\_/\_\_\_/\_\_\_

**Approved by:** \_\_\_\_\_