



# Termination of Training Agreement

Employer: \_\_\_\_\_

Apprentice/Trainee: \_\_\_\_\_

Branch: \_\_\_\_\_

Apprentice/Trainee's Current Address: \_\_\_\_\_

\_\_\_\_\_

<i>Tick appropriate box:</i>	
Decision of ITO <input type="checkbox"/>	Termination by Agreement of parties <input type="checkbox"/>

Reason for Termination:
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Actions Taken by TLO:
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Notional Training Agreement Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As shown on Training Agreement)

Date Training Agreement Terminated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Level of training programme in which Training Agreement terminated: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

This section to be completed only when termination is by agreement of the parties

Signature of Apprentice/Trainee: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_  
(If apprentice/trainee is under 18)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CMITO Office Use	
Employer advised	Date: ___/___/___
Apprentice/Trainee advised:	Date: ___/___/___
Records updated:	Date: ___/___/___

**Forward immediately to:** CMITO PO Box 31 131, Lower Hutt . Fax 0800 654 488