



The Redundancy Payment Central Fund Ltd
A.C.N. 007 133 833

APPLICATION FOR PAYMENT OF APPRENTICE CREDITS DETAILS OF EMPLOYEE TERMINATION FORM

This form is to be completed by the employer when the employment of a worker **being a former apprentice**, is terminated due to shortage of work or redundancy, before that worker has completed a further 12 months within the industry.

This form will only be accepted if the following criteria are met:

- The employee must be a former apprentice who has completed their apprenticeship with and proof of this must be provided.
- The reason for the termination is due to shortage of work or redundancy. **Please note: if the employee resigned, ceased work voluntarily, or they have completed their training with a group training company where there was no agreement to provide employment at the completion of the apprenticeship or due to any other reason the employee will not be eligible to claim their apprentice credits, and this form will not be accepted.**
- The employer has no arrangement either verbal or written to re-employ this employee within the company.
- An Initial Claim Form is completed and lodged with this form.**

The following people are only authorised to sign this form on behalf of the employer.

- A current director of the company
- A partner of the business
- An authorised contact for the business as previously advised in writing to Incolink.

EMPLOYER DECLARATION

COMPANY NAME: _____

INCOLINK MEMBER NUMBER: _____

Hereby declare that:

EMPLOYEE NAME: _____

INCOLINK NO: _____

CURRENT ADDRESS OF EMPLOYEE: _____

_____ Date of Birth: _____

Ceased employment with our company on _____ (Termination Date) due to shortage of work/redundancy and will not be re commencing employment with our company.

Signed on behalf of the employer by:

SIGNATURE OF AUTHORISED PERSON: _____

NAME: _____

POSITION: _____ Date: ____/____/____

AFFIX COMPANY STAMP OR SEAL HERE →