# 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](mailto:skills@act.gov.au)

Mail: GPO Box 158, Canberra ACT 2601

# Section 1 - Apprentice details

Australian Apprentice number

Name

Date of birth

Home phone

Email address

Mobile phone

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.

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