



# EXTENSION OF TRAINING REQUEST

*Uncontrolled copy if printed*

Where the learners due end date is approaching and it is identified by the trainer and assessor or learner that they may not complete the whole qualification, a discussion is to be had between the trainer and learner. As a result of this discussion, a time frame should be agreed between the two parties that allows a sufficient timeframe to complete.

An agreed schedule should be developed to assist both the trainer and assessor and the learner to monitor the course progression. Extensions may be granted up to an additional six (6) months on one occasion. If at the end of this period the training is still uncompleted The Learning Collaborative (TLC) reserve the right to terminate the course.

This application should be lodged with TLC **prior** to the proposed completion date.

STEP ONE: Have a discussion with your appointed trainer and assessor

STEP TWO: Download the form

STEP THREE: Complete the form in full (can be done electronically) including the reason why the extension is required

STEP FOUR: In consultation with your Trainer and Assessor create a schedule demonstrating when each unit is to be finished by date

STEP FIVE: Sign the form and send to your Trainer and Assessor to sign supporting the extension

STEP SIX: Send form to TLC for approval

STEP SEVEN: TLC will notify you of the approval and outline any conditions

### **Where to return this form**

Please return the completed form to [admin@thelearningcollaborative.com.au](mailto:admin@thelearningcollaborative.com.au)

#### **Learners details**

Unique Student Identifier Number (If applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Email contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### **Trainers details**

Name: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Email contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### **Details of extension**

We wish to extend the completion date to: \_\_\_\_\_

The reasons for extending the training contract are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learners signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainers signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Management Approval**

The proposed extension of the training should allow the learner sufficient time to complete the course.

Name of person signing: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_