



Please print clearly using block letters and a ballpoint pen. All sections must be completed.

Surname  First names

Previous surname (if applicable)

Permanent address and postcode

Home phone  Mobile phone

NZQA number  Email

Employer name

Salon name, address and postcode

Salon phone

**Termination (Apprentice leaving industry, i.e. medical redundancy, maternity leave etc)**

*Please note: If the termination is due to maternity leave, no re-sign fee of \$100 will be charged to any apprentice resuming their apprenticeship with the same salon/employer within 12 months.*

Reason for termination/comment

Contract commencement date  Actual date terminated

Date HITO notified  HITO actioned by

Employer signature  Apprentice signature

**Transfer of Salon (Apprentice moving salon – new training agreement and \$100 required)**

New employer's name  New salon name

New salon address

Date of transfer

**Transfer of Employer (New salon owner)**

New employer's name

I agree to the above named apprentice in accordance with the terms of the training agreement signed with the previous employer. (ALL PARTIES please sign below.)

Date of transfer  Employer signature

Apprentice  Guardian

*(If apprentice is under 18 years of age)*

Previous employer  New employer

Notes/special instructions

Now please post to: **HITO**  
**PO Box 11 764,**  
**WELLINGTON 6142**