

**TRAINING CANCELLATION / WITHDRAWAL FORM**

By signing this form you are agreeing to the cancellation of the training contract between yourself and Innovative Business Training. You will receive a Statement of Attainment for any Units of Competency that have been successfully completed.

**Student Details:**

Student Name: .....

Address: .....

Phone: ..... Email: .....

Student Signature: .....

**Employer Details:**

Employer: .....

Employer Representative Name: .....

Address: .....

Phone: ..... Email: .....

Employer Signature: .....

**DATE THE TRAINING CONTRACT WILL FINISH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_**

**Reason for Cancellation:**

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.....  
.....  
.....

**PLEASE RETURN FORM TO IBT BY POST OR EMAIL:**  
  
Innovative Business Training  
15 Andrew Street, Castlemaine 3450  
E: [ibt@innovativebusinessstraining.edu.au](mailto:ibt@innovativebusinessstraining.edu.au)