



**STRUCTURED TRAINING PROGRAMME (STP)
Termination Notification**

Employer

Trainee

Name: _____

Name: _____

Address: _____

Address: _____

Programme: _____

I confirm that the STP noted on the Training Agreement has been:

Terminated early for the reason of: _____

Trainee notified of Termination

Signed: _____
Employer

date: _____

**EMQUAL, PO Box 11-988, Wellington
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