

**JERSEY APPRENTICESHIP SCHEME  
DE-REGISTRATION FORM**

Apprentice's full name.....

Business name.....

Contact's full name.....

Business address.....

..... Post code .....

Date apprentice started employment.....

Has apprentice left employment? Y / N

If applicable, date left employment.....

Reason for de-registration.....

.....

.....

Employer's signature..... Date.....

Please complete this form as close to the date of the termination of contract and return to:

**The Apprenticeship Manager  
Jersey Enterprise  
Liberation Place  
St Helier  
JERSEY  
JE1 1BB**