



Registered Training Organisation: 45445

CRICOS Provider: 03728B

CHANGE OF ENROLMENT FORM			
Policy code	COF-001	Version 2.3	Effective date: January 2021

PERSONAL DETAILS	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Student ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name:	Family Name:
Address:	State: <input type="text"/> Postcode: <input type="text"/>
Email:	Phone number: <input type="text"/>
College Location: <input type="text"/>	

Type of Change	
<input type="checkbox"/> Deferral (maximum 6 months only)	
From (date)	____/____/____
To (date)	____/____/____
Re-commencement date	____/____/____
<input type="checkbox"/> Change of Group	New Group <input type="text"/>
<input type="checkbox"/> Transfer my course to another provider	
<input type="checkbox"/> Withdrawal from the course	

Reason of Change		
<input type="checkbox"/> Personal / Health	<input type="checkbox"/> Family commitments	<input type="checkbox"/> Other work/study commitments
<input type="checkbox"/> Financial hardship	<input type="checkbox"/> Unsatisfactory attendance	<input type="checkbox"/> Unsatisfactory course progress
<input type="checkbox"/> Other (please specify)		

Student Declaration	
I acknowledge and confirm that I have read and understood relevant policies and procedures (including Fee & Refund policy & procedure) and Student handbook. In case of deferral, I understand that if I do not recommence my studies within a six (6) month period of deferral, it may be considered as withdrawal from the course	
Student Signature	Date: ____/____/____

Office Use Only		
Change approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Authorised Staff's Name	Signature: <input type="text"/>	Date: ____/____/____

REQUEST FORM FEES PAYMENT EXTENSION

Policy code	RFF-001	Version 2.3	Effective date: January 2021	
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Participant Transferring Out	
Options provided for continuing training, which included: <ul style="list-style-type: none"> Referred the participant to relevant government authorities to identify an alternative RTO who can provide Subsidised Training; The enrolled participant opted to remain and continue training on an alternate basis or arrangement; Suggested an alternative Provider 	<input type="checkbox"/> Yes
Advised that statements of attainment for units completed will be sent to their mail address	<input type="checkbox"/> Yes
If the participant is an apprentice or trainee, followed the process required for the change of RTO on the training contract.	<input type="checkbox"/> Yes
Advised that student may need to complete a refund form (if applicable)	<input type="checkbox"/> Yes
Provided the exiting participant a statement of fees that included all fees applied and any fees refunded, if applicable.	<input type="checkbox"/> Yes
Participant Deferring Training	
Made every effort to assist participant to continue training where possible	<input type="checkbox"/> Yes
Permitted a deferral of no more than 6 months from the date of receipt of notice from the participant	<input type="checkbox"/> Yes
Advised participant of the fee implications of deferring their studies in accordance with the individual's relevant fee arrangements	<input type="checkbox"/> Yes
Confirmed with the participant that participants who do not recommence studies within a twelve (12) month period of deferral is considered to have discontinued their studies and course cancellation will occur.	<input type="checkbox"/> Yes
Discontinuing Participants	
Ascertained if the reason for discontinuing relates to the performance of St Basil's RTO	<input type="checkbox"/> Yes
Ensured that reasonable efforts are made to address concerns of the participant related to the delivery and assessment of training	<input type="checkbox"/> Yes
Advised that statements of attainment for units completed will be sent to their mail address when all outstanding fee is paid.	<input type="checkbox"/> Yes
If the participant is an apprentice or trainee, followed the process required for the change of RTO named on the training contract.	<input type="checkbox"/> Yes
Advised that student may need to complete a refund form (if applicable)	<input type="checkbox"/> Yes
Provided the exiting participant a statement of fees that included all fees applied and any fees refunded, if applicable.	<input type="checkbox"/> Yes
Ascertained if the reason for discontinuing relates to the performance of St Basil's RTO	<input type="checkbox"/> Yes