

# Withdrawal Form

## Section 1 – Student Details

<b>Name:</b>			
<b>Contact Details:</b>	<b>Home:</b>		<b>Mobile:</b>
<b>Email Address:</b>			
<b>Qualification:</b>			
<b>Delivery Commencement Date</b>	/ /		
<b>Mode of delivery</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Traineeship		

## Section 2 – Change Details

<input type="checkbox"/> <b>I wish to withdraw.</b> I understand that I need to withdraw prior to the census date for each unit of competency to be entitled to a refund unless I meet the <b>**special circumstances conditions.</b>			
<b>Withdrawal Date:</b>	/ /		
<b>Unit of competency withdrawal</b>	<input type="checkbox"/>		
<b>Qualification withdrawal</b>	<input type="checkbox"/>		
<b>Withdrawal Reason:</b>			
<b>**Special Circumstances Withdrawal Reason:</b>	<p><b>Special circumstances**:</b></p> <input type="checkbox"/> Serious illness resulting in extended absences from classes <input type="checkbox"/> Injury or disability <input type="checkbox"/> Other exceptional circumstances. <p><b>NOTE:</b> You <b>must submit a medical certificate</b> or other evidence in support of this application for special circumstances.</p> <p>You <b>cannot apply</b> for special circumstances if your <b>condition is pre-existing one.</b></p> <p>Your application <b>must</b> be approved by JSW’s CEO or a delegated person.</p>		
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> <b>I wish to transfer to another course date.</b> I understand my transfer will be subject to course availability and must occur prior to the census date for each unit of competency to be entitled to a refund (if there is a difference in unit prices)			
<b>Transfer to Date:</b>	/ /	or	/ /
<b>Transfer Reason:</b>			

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<b>Signature</b>		<b>Date:</b>	/ /

<input type="checkbox"/> I wish to transfer to another delivery mode. I understand there may be further fees involved.			
<b>Transfer Date:</b>	/ /		
<b>Transfer Reason:</b>		<b>New Delivery Mode:</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> External
<b>Signature</b>		<b>Date:</b>	/ /

## Section 3 – Authorisation

Requested change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Signature:</b>		<b>Position:</b>	
<b>Print Name:</b>		<b>Date Approved:</b>	/ /

## Special Circumstances Authorisation (CEO or Delegate)

Requested change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Print Name:</b>		<b>Position:</b>	
<b>Signature:</b>		<b>Date Authorised:</b>	/ /

## Admin Use Only

<b>Changed in Vettrak</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
<b>Refund Processed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
<b>New Payment Plan Agreement Created</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
<b>Apprenticentre documentation attached</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Apprenticentre approval</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Formal Letter/Email sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
<b>Advise Administration Coordinator</b>			<b>Date:</b>	/ /
<b>Completed by:</b>			<b>Signature:</b>	