DEFERRING, TRANSFERRING, AND DISCONTINUING FORM

PURPOSE

This form is used to request a deferment, suspension, or discontinuation of enrolment. It ensures that changes to a student's training status are formally recorded, assessed against regulatory requirements, and supported by appropriate evidence.

PERSONAL INFORMATION			
Given Name:		Family Name:	
Preferred Name:			
Date of Birth:		Student ID:	
Email Address:		Mobile Number:	
Course Code:			
Course Name:			

CHOOSE ONE OPTION BELOW		DATE FROM (DD/MM/YYYY)	DATE TO (DD/MM/YYYY)
☐	Deferral of Course (Prior to course commencement)		
☐	Suspension of Course (During the current enrolment)		
☐	Cancellation of Course (Terminate enrolment permanently)		**N/A**

REASON FOR REQUEST		
CHOOSE ONE OPTION BELOW	**REASON FOR REQUEST**	**EVIDENCE REQUIRED**
☐	Serious medical illness or injury	Medical certificate/hospitalisation records stating inability to attend classes
☐	Bereavement of close family members, e.g. parents or grandparents	Death certificate, if possible or other evidence, such as hospitalisation records, police records
☐	Compassionate grounds	Dependent on the grounds for leave. RTO will provide guidance on this.
☐	Transferring to a course with another education provider	
☐	Other reason/s. Please provide details below. (Evidence may be required in support of the request)	

DEFERAL, SUSPENSION, WITHDRAWAL INFORMATION

Should you wish to defer or suspend your course due to compassionate or compelling circumstances, you must complete this Form and submit the form to Industries Services Training prior to the required Date of deferment, suspension or cancellation.

This written application must be accompanied by sufficient documentary evidence in support of your request, to be assessed and approved by Industries Services Training.

Should you return prior to the expected end date of your deferment or suspension, you must notify Industries Services Training as soon as possible to assist us in finding a suitable intake or course re-instatement.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

- I have provided accurate and complete information
- I acknowledge and understand that the provision of incorrect information may lead to the cancellation of my enrolment.
- I understand I must inform Industries Services Training as soon as possible when I intend to resume my training and assessment.

Student Signature:	
Student Name:	
Date Application Completed:	
IF STUDENT IS UNDER 18 YEARS OF AGE	
Parent/Guardian Name:	
Parent/Guardian Signature:	

FOR OFFICE USE ONLY

APPLICATION ASSESSMENT	
Application Approved:	☐ Yes ☐ No*
**If no, give reason*	
Course Release Approved:	☐ Yes ☐ No*
**If no, give reason*	
ADMINISTRATION	
A student notified of application outcome (including Release, if applicable)	☐ Yes ☐ No*
Date Notified:	
Authorised Officer Name:	

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Authorised Officer Signature:	
Date Application Completed:	