

Application to Withdraw Form

For fee-for-service, Smart and Skilled and all other NON-TRAINEESHIP enrolments

Section A: Enrolment Details

Please return this form to your Program Coordinator or Delivery Site Administration Office

Family Name: _____ First Name: _____ Other Name/s: _____

Date of birth: _____ day _____ month _____ year

Postal Address: _____ Suburb: _____ Postcode: _____

Email Address: _____

Course Start Date: _____ Course Code: _____

Course Title: _____

Section B: Student's Notification

I wish to (please tick one box only):

1. Withdraw from my qualification. Date of Withdrawal: _____ day _____ month _____ year

Please provide the reason/s for your withdrawal (please tick at least one box):

Family Illness Personal Reasons Felt unwelcome Personal Illness Travel/break from study

Lack of preparation/ not coping Work related reasons Course wasn't what I thought

Other (please specify) _____

Please provide details of circumstances preventing continuation of course and attach. This should be comprehensive and where available, evidence that supports your withdrawal

2. Transfer to another RTO. RTO Provider Name _____ RTO ID _____

Please provide any feedback regarding your experience.

Student's Signature: _____ Date: _____

Section C: RTO to Complete

Vital Training Solutions Pty Ltd is withdrawing the above Student from the above course:

- the above formal notification from the Student was received**
- the above formal notification was not obtained but the following informal notifications and/or attempts to contact the Student are documented in the Student's file**

The Student verbally advised a Vital training Solutions Pty Ltd staff member

Name: _____ of their intention to withdraw on _____ date

The Student advised Vital Training Solutions Pty Ltd by email of their intention to withdraw on _____ date

Vital training Solutions Pty Ltd attempted to contact the Student on the following dates following the Student's absence from training or an informal notification to withdraw:

List of dates: _____

Based on Vital training Solutions Pty Ltd Refunds Policy, the Student is:

eligible for a refund

not eligible for a refund

Vital Training Solutions Staff Name: _____

Position: _____ **Signature:** _____ **Date:** _____