Application for student transfer between providers

Applicant Details:

Family Name:		**Title:**	
First Given Name:			
Second Given Name:			
Preferred Name:			
Gender:	☐ Male ☐ Female	**Birth Date:**	
Home Number:		**Mobile Number:**	
Home address:	_____ _____		

Transfer details (Existing Provider):

Institute requesting transfer from:			
Program requesting transfer from:			
Date of requested release:		**Date of new commencement:**	
Institute contact details:	Phone:	Delegate:	
Application:	☐ Approved ☐ Not Approved		
Signature:		**Date:**	

Reasons for decision:	
Administrative Check:	☐ Application for transfer approved by CEO/Delegated Officer ☐ RTO Data checked for student attendance and fees pro-rated ☐ Charges determined and quick posted to student account ☐ Student file audited and copied before transfer ☐ PRISMS updated

Transfer details (Gaining Provider):

Institute requesting transfer from:		
Program requesting transfer from:		
Date of requested commencement:		Place available? ☐ Yes ☐ No
Institute contact details:	Phone:	Delegate name:
Application:	☐ Approved ☐ Not Approved	
Signature:		**Date:**
Reasons for decision:		
Administrative Check:	☐ Application for transfer approved by CEO/Delegated Officer ☐ Student fees received ☐ Student file audited received ☐ PRISMS updated ☐ If “not approved” has the student been advised in writing	