

**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 to:** |  |
| **Program requesting transfer to:** |  |
| **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 |