

**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):**

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| --- | --- | --- | --- | --- |
| **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 | | |