

Transfer of Provider Request Form

Details

| | |
|----------------|--|
| Date: | |
| Name: | |
| Student ID: | |
| Course: | |
| Course Intake: | |

New Provider Details

| | | | |
|----------------|--|----------|--|
| Name: | | | |
| Address: | | | |
| Suburb: | | State: | |
| Phone: | | Fax: | |
| Email: | | Website: | |
| CRICOS Number: | | | |
| Course: | | | |

Section 1

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

Acknowledgement

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with Superior Training Centre Transfer of Provider Policy.

Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.

| | | | |
|-------------|--|------------|--|
| Print Name: | | Signature: | |
|-------------|--|------------|--|

| Authorisation | | | | |
|--|-----------------|------------------------|-------------------|-----------|
| Authorisation for Processing | | | | |
| Checklist: | | | YES | NO |
| Does the student have a Valid Letter of Offer | | | | |
| - | | | | |
| Does the student have any outstanding fees or charges | | | | |
| Has the student been maintaining good academic progress and attendance | | | | |
| Has the student been informed of their requirement to contact DHA | | | | |
| Has the student been counselled on their request | | | | |
| Comments: | | | | |
| | | | | |
| Action: | APPROVED | | DENIED | |
| Signed: | | Position: | | |
| Print Name: | | Date Processed: | | |
| Admin Use Only | | | | |
| Letter of Release | | | | |
| Letter of Release Issued: | Yes | No | Date: | |
| Sent By: | | | Signature: | |
| Obligations | | | | |
| Superior Training Centre Obligations End: | | | | |
| DHA Informed: | Yes | No | Date: | |
| Appeal of Decision | | | | |
| Appeal Lodged: | Yes | No | Date: | |
| CAF Number: | | | Date: | |