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| Written request from student-Email/ letter etc must be attached to this form, if applicable |
| Full Name: |
| Student Number : |
| Email Address: |
| Contact phone number: |

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| **Course Name:** |  |

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| Applying for ( Please **🗸**) | **Cancellation**  ( Go to section-1) | **Withdrawal**  (Go to section-1) | **Deferment**  ( Go to section-2) | **Extension**  (Go to section-1) |

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|  | **Reason:** |  |  |
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***Section-1 (Finance to Attach the Statement of Account with this form prior to sending for approval)***

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| **Cancellation / Withdrawal / Deferment / Extension** | | | | |
| ( Please **🗸**) | Refund | | Credit Note | |
| Preferred Method of refund: | | | | |
| Cheque | |  | | |
| Credit card | Master card / Visa ( circle one) | Card Number: | | Expiry date: |
| Bank Deposit | BSB      / | Account Number: | | Bank: |
| Account name in Full: | | | | |

***Section-2***

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| **Deferment / Extension** |
| Date when deferment/extension is applied for:      /       / |
| **NOTE: Deferments / Extension only up to a maximum of THREE (3) months** |
| Date you wish to recommence your studies:      /       / |
| *You have the right to appeal any decision made that you disagree with. This must be done within 20 days of the date of this decision.* |

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| Your Signature: | Date of this Application:      /      / |

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| **Office Use Only :- Cancellation / Withdrawal / Deferment / Extension** | |
| **Approval** | |
| **Training Fees**  Full Refund  Partial Refund – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Refund – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Materials**  Refund ALL material fees  Refund ONLY materials not issued  Refund NO material fees |
| **CEO**  Refund Supported  Refund not supported  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:      /      / | **Office Use Only**  Refund amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Refund # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Change of enrolment processes:  **YES**  **NO**  If not approved, date letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Office use Only :- Deferment/ Extension** |
| **Deferment/ Extension Decision** |
| Rise Education and Training advises that as of \_\_\_\_\_/ \_\_\_\_\_ /\_\_\_\_\_\_your course has been Deferred/Extension.  The Deferment/Extension will only remain valid until: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_ |
| Approval by CEO :-  YES  NO  Signature: Date: |
| 1. Date Payment Plan stopped: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ 2. Amend PayWay to recommence Payment Plan: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_   Implemented by Administration :-  YES  NO  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ |
| 1. Scanned copy of this form saved onto Wisenet with note confirming outcome of deferment/extension request. 2. Hardcopy placed in student file. 3. Advise student of outcome 4. Advise trainer of outcome   Implemented by Administration:-  YES  NO  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ |

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| **Document History and Version Control** | | | |
| **Document Author:** Compliance Manager | | | **Review Date: 8th Feb 2020** |
| **Version** | **Date Approved** | **Approved by** | **Brief Description** |
| 01 | 8th Aug 2019 | CEO | New Form |