Student Withdrawal Form



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Training	SO	I A	one

Section 1: Student Details				Training Solutions
First Name:		Surname:		
Phone Number:		Date of Birth:		
Email:				
Postal Address:				
Section 2: Enrolment Detai	ils			
Course Code: Course Title:				
Enrolment Type:(Tick One)	☐ Fee For Se	ervice Subsidised		
If Subsidised enrolment	WorkReady ID:	Training Ac	count ID	:
Did a third party pay your fe	ees?			□ Yes
The a simulation pay your in				□ No
Are you withdrawing from t	□ Yes			
7110 you williaming from t	no whole qualification. If you	, сотрые т толом п аррисах	NO TO	□ No
1. I hereby permit RI	ETS to close my WorkReady	Training Account		□ Yes
, ,	, ,	J		□ No
I have provided my details as per this form completely and truthfully				□ Yes
				□ No
I understand that if there are any complications with closing my training account I will				□ Yes
be contacted via t		□ No		
4. I understand that	by closing my training accour	nt for this qualification that fundi	ng	□ Yes
arrangements my change in the futures. If I wish to create a training account for this qualification in the future funding may no longer be available.				□ No
Section 3: Reason for With	ndrawal (please tick one of th	ne following)		
□ Academic	□ English	☐ Dissatisfaction with		Conflict with trainer
Difficulties	language	the qualification		/ assessor
	difficulties			
- 0 (1) ()	□ I found a job	 Transport or travel 		Travelling overseas

Difficulties	language difficulties	the qualification	/ assessor
□ Conflict with employer	□ I found a job	□ Transport or travel issues	□ Travelling overseas / interstate
☐ Health Reasons	□ Personal Reasons	☐ Another institution provided this qualification	□ Other (please state)

RETS Version Control						
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Author	Holly Naughton		Authorised by		Rodger Carr	
Revision dates	Date Authorised	29.03.2	29.03.2019		review	29.03.2020

Section 4: Student Declaration

I understand that:				
□ I may be liable for fees and not eligible for a refund. This includes but is not limited to payment plans				
and VET FEE HELP eligible students.				
☐ If I wish to re-enrol I may not be eligible for South Australian and Commonwealth Government				
Funding				
☐ The date I complete and sign this document is my withdrawal date				
☐ This form will not be accepted if information is incorrect or incomplete.				
Student Signature:				
Office Use Only				
Date Student Withdrawal received by RETS:				
RETS staff member to complete if student has not replied to academic performance letter within 3 weeks:				
Date of withdrawal as per academic performance letter://				
RETS Staff Member Name:				
Signature:Date:/				
Administration:				
☐ Student withdrawn from all commenced units of competency as per evidence of participation				
□ Student issued with a statement of attainment (if applicable)				
□ Student reason for withdrawal recorded in VETtrak				
□ Student status in VETtrak is 'withdrawn' and 'Inactive'				
□ Student has given permission for a training account closure (if applicable)				
□ Training account has been closed in VETA (if applicable)				
RTO Manager Approval:				
☐ I approve the student stated above to be withdrawn from their qualification				
☐ The student has been notified of any fees they may be liable for, or any refunds applicable				
Signature:Date:/				