

## Application for student transfer between providers

### Applicant Details:

<b>Family Name:</b>			<b>Title:</b>	
<b>First Given Name:</b>				
<b>Second Given Name:</b>				
<b>Preferred Name:</b>				
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Birth Date:</b>	
<b>Home Number:</b>			<b>Mobile Number:</b>	
<b>Home address:</b>				

### Transfer details (Existing Provider):

<b>Institute requesting transfer from:</b>			
<b>Program requesting transfer from:</b>			
<b>Date of requested release:</b>		<b>Date of new commencement:</b>	
<b>Institute contact details:</b>	Phone:	Delegate:	
<b>Application:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
<b>Signature:</b>		Date:	
<b>Reasons for decision:</b>			

<b>Administrative Check:</b>	<input type="checkbox"/> Application for transfer approved by CEO/Delegated Officer <input type="checkbox"/> RTO Data checked for student attendance and fees pro-rated <input type="checkbox"/> Charges determined and quick posted to student account <input type="checkbox"/> Student file audited and copied before transfer <input type="checkbox"/> PRISMS updated
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**Transfer details (Gaining Provider):**

<b>Institute requesting transfer to:</b>		
<b>Program requesting transfer to:</b>		
<b>Date of requested commencement:</b>		Place available? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Institute contact details:</b>	Phone:	Delegate name:
<b>Application:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
<b>Signature:</b>		Date:
<b>Reasons for decision:</b>		
<b>Administrative Check:</b>	<input type="checkbox"/> Application for transfer approved by CEO/Delegated Officer <input type="checkbox"/> Student fees received <input type="checkbox"/> Student file audited received <input type="checkbox"/> PRISMS updated <input type="checkbox"/> If "not approved" has the student been advised in writing	