

Application to Defer Suspend or Cancel

Applicant Details:

Family Name:		Title:	
First Given Name:			
Second Given Name:			
Preferred Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:
Home Number:		Mobile Number:	
Current Course:			
Current stage of progress:			
Trainer name:			
Application for:	<input type="checkbox"/> Defer <input type="checkbox"/> Suspend <input type="checkbox"/> Cancel		
Reasons for making this request:			
Date requested to take effect:		Date requested to end (if applicable):	
Signature:			Date:

Australian Institute of Work-integrated Education and Research

ABN 39 660 638 835

RTO Code: 46175 CRICOS No: 04238A

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Provider representative reviewing the request:	
Meeting with applicant (notes):	
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Signature:	<input type="text"/> Date: <input type="text"/>
Reasons for decision:	
Administrative Check:	<input type="checkbox"/> Application for transfer approved by CEO <input type="checkbox"/> RTO Data record updated <input type="checkbox"/> Charges or refund determined and processed <input type="checkbox"/> Student file updated <input type="checkbox"/> PRISMS updated
Signature:	<input type="text"/> Date: <input type="text"/>