

Application to Defer, Suspend or Cancel

Applicant Details:

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

Provider representative reviewing the request:		
Meeting with applicant (notes):		
Application:	☐ Approved ☐ Not approved	
Signature:		Date:
Reasons for decision:		
Administrative Check:	☐ Application for transfer approved by CEO ☐ RTO Data record updated ☐ Charges or refund determined and processed ☐ Student file updated ☐ PRISMS updated	
Signature:		Date: