

Student Details

Given Name(s):	Surname:
TAFE SA ID No:	Date of Birth: / /
Phone Number: ()	Mobile Number:
Email Address:	
Postal Address:	
CITB Number (if applicable):	
Do you authorise TAFE SA to update your contact information as provided on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrolment Details

Course Code:	Course Title:	Semester:
Enrolment Type: (tick one) <input type="checkbox"/> Fee For Service / Full Fee Paying <input type="checkbox"/> International <input type="checkbox"/> Subsidised <input type="checkbox"/> Other		
Did a third party pay your fees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have a Commonwealth Student Loan for this registration?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you withdrawing from subjects/units on a current Fees by Instalment Agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you withdrawing from all subjects/units this semester?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you withdrawing from the whole qualification? If yes, complete 1 – 4 below if applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No
1. I hereby permit TAFE SA to close my Subsidised Training Account.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have provided my details as per this form completely and truthfully.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that if there are any complications with closing my training account I will be contacted via the details on this form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I understand that by closing my training account for this qualification at TAFE SA funding arrangements for this qualification may change in the future. If I wish to create a training account for this qualification in the future funding may no longer be available.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Program Details

Subject/Unit title	CRN	Subject/Unit title	CRN

Reason for Refund Request

<input type="checkbox"/> Course Dropped before Start Date	<input type="checkbox"/> Administrative Error
<input type="checkbox"/> RPL (Recognition of Prior Learning)	<input type="checkbox"/> Credit Transfer
<input type="checkbox"/> Sickness (must be accompanied by a Medical Certificate)	<input type="checkbox"/> Higher Offer
<input type="checkbox"/> Change of Employment Conditions (Letter of authorisation must be attached)	<input type="checkbox"/> Overpayment
<input type="checkbox"/> Other: (Please Specify)	

Refund Details (MANDATORY If not completed and signed no refund can be issued)

Payee Name:	
Email Address:	
Postal Address:	
Payment Type: <input type="checkbox"/> EFT Payment	NOTE: If you originally paid via credit card or BPAY we may refund back via the method of original payment.
Bank Name:	Bank Address:
BSB Number:	Account Number:
International Only - SWIFT:	Country:

Student Signature:

Date:

Please submit completed form to AOEWithdrawals@tafes.edu.au

THIS PAGE TO BE COMPLETED BY TAFE SA STAFF ONLY

Administrative Tasks - Support Officer To Complete

Checked By:	Date Received:
Student is NOT International or Fee For Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student needs to be referred to VET FEE-HELP unit? (i.e. if VET FEE-HELP/VET Student Loan eligible)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checked for Exemptions?	<input type="checkbox"/> Yes
Appropriate documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Registration status updated in SFAREGS? <i>(Must be completed before lodgement) NB: WN Code MUST be updated</i>	<input type="checkbox"/> Yes
Has student given permission for a Training Account Closure? (If Yes, complete below checks)	
The student has no active registrations in the qualification.	<input type="checkbox"/> Yes
The students biographical details are updated in SIS.	<input type="checkbox"/> Yes
SHADEGR check completed.	<input type="checkbox"/> Yes
Parchment check completed.	<input type="checkbox"/> Yes
Student has completed unit(s) and withdrawing from qualification, Statement of Attainment requested	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Result check completed.	<input type="checkbox"/> Yes
Training Account check completed.	<input type="checkbox"/> Yes
Y or N – any other RTO Training Accounts open	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training account has been closed in S&E Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No

Support Officer Details

*Work Group:	*Print Name:
Campus:	*Phone:

*** denotes mandatory fields**

Withdrawal and Refund Details

Transaction Number	Detail Code	CRN	Cost (\$)	CRN Start Date	Refund % (If Applicable)	CRN End Date

Delegate To Complete

Approved **Declined** *(REQUIRED FOR ALL REFUNDS)*

Signature: _____ **Date:** _____

Full Name: _____

Position Title: _____

TAFE SA STAFF ONLY: This form must be attached to the SRW smart form