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| **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?**  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enrolment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Code:** | | | | | | | | **Course Title:** | | | | | | | | | | | | | | | | | | | **Semester:** | | | |
| **Enrolment Type:** (tick one)  Fee For Service / Full Fee Paying  International  Subsidised  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Did a third party pay your fees?** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Did you have a Commonwealth Student Loan for this registration?** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Are you withdrawing from subjects/units on a current Fees by Instalment Agreement?** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Are you withdrawing from all subjects/units this semester?** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Are you withdrawing from the whole qualification?** If yes, complete 1 – 4 below if applicable | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| 1. **I hereby permit TAFE SA to close my Subsidised Training Account.** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| 1. **I have provided my details as per this form completely and truthfully.** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| 1. **I understand that if there are any complications with closing my training account I will be contacted via the details on this form.** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| 1. **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.** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Program Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject/Unit title** | | | | | | | | | | | **CRN** | | | | **Subject/Unit title** | | | | | | | | | | | | **CRN** | | | |
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| **Reason for Refund Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course Dropped before Start Date** | | | | | | | | | | | | | | | | | | **Administrative Error** | | | | | | | | | | | | |
| **RPL** *(Recognition of Prior Learning)* | | | | | | | | | | | | | | | | | | **Credit Transfer** | | | | | | | | | | | | |
| **Sickness** *(must be accompanied by a Medical Certificate)* | | | | | | | | | | | | | | | | | | **Higher Offer** | | | | | | | | | | | | |
| **Change of Employment Conditions** *(Letter of authorisation must be attached)* | | | | | | | | | | | | | | | | | | **Overpayment** | | | | | | | | | | | | |
| **Other:** *(Please Specify)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Refund Details** **(MANDATORY If not completed and signed no refund can be issued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payee Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Type:** | | | 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:** | | | | | | Please submit completed form to [AOEWithdrawals@tafesa.edu.au](mailto:AOEWithdrawals@tafesa.edu.au) | | | | | | | | | | | | | | **Date:** | | | | | |  | | | | |
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| **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? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| Student needs to be referred to VET FEE-HELP unit? (i.e. if VET FEE-HELP/VET Student Loan eligible) | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| Checked for Exemptions? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| Appropriate documentation attached? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | N/A |
| Registration status updated in SFAREGS? *(Must be completed before lodgement)* ***NB: WN Code MUST be updated*** | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| **Has student given permission for a Training Account Closure?** (If Yes, complete below checks) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| The student has no active registrations in the qualification. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| The students biographical details are updated in SIS. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| SHADEGR check completed. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| Parchment check completed. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| Student has completed unit(s) and withdrawing from qualification, Statement of Attainment requested | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | N/A |
| Result check completed. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| Training Account check completed. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  |
| Y or N – any other RTO Training Accounts open | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No |
| Training account has been closed in S&E Portal | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | 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** | | |
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| **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**