|  |
| --- |
| **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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **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  | **Date:** |       |
|  |  |  |  |
| **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**