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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details | | | | | | | | | | | | | | | | | | | | | | | | |
| **TAFESA Student ID:** | | | | |  | | | | | | **Date of Birth:** | | | | | | |  | | | | | | |
| **Title:** | | | | | **Mr Miss Ms Mrs** | | | | | | **Gender:** | | | | | | | **Male  Female  Other** | | | | | | |
| **Given name(s):** | | | | |  | | | | | | **Family name:** | | | | | | |  | | | | | | |
| **Campus:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| Residential Address in Australia | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property/Building Name:** | | | | | |  | | | | | | | | | | | | | **Unit Number:** | | | | |  |
| **Street Number:** | |  | | | | | **Street Name & Type:** | | | | | |  | | | | | | | | | | | |
| **Suburb:** |  | | | | | | | | | | | | | | | **State:** | |  | **Post Code:** | | | |  | |
| **Contact Phone:** | |  | | | | | | | | **Email:** | |  | | | | | | | | | | | | |
| Qualification Information | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualification Name:** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Qualification Level:** | | | |  | | | | | **Registration Year:** | | | |  | | | | **Program Code:**  (if known) | | | |  | | | |
| **Participant ID:**  (if known) | | |  | | | | | | | **Contract ID:**  (if known) | | | |  | | | | | | | | | | |
| **Reason for closure of Training Account:** | | | | | | | |  | | | | | | | | | | | | | | | | |
| Confirmation of Account Closure | | | | | | | | | | | | | | |  | | | | | | | | | |
| I hereby permit TAFE SA to close my Subsidised Training (Skills & Employment (S&E) Portal) training account.  I have provided my details as per this form completely and truthfully.  I understand that if there are any complications with closing the account, I will be contacted via the details on this form.  I understand that by closing the training account for this qualification at TAFE SA, that funding arrangements for this qualification may change in the future. If I wish to create a training account for this qualification in the future, that funding may no longer be available. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Signature:** | | | Description: sign | | | | | | | | | | | | | | | | | **Date:** | |  | | |

*TAFE SA Workgroup Use Only*

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| --- | --- | --- | --- |
| Confirmation of Student Status | | | |
| The student has no active registrations under the above qualification.  The students biographical details are updated in SIS.  Completed form forwarded to Nominated Officer | | | |
| **Staff Signature:** | Description: sign | **Date:** |  |

*Office Use Only*

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| --- | --- | --- | --- | --- |
| Confirmation of Account Closure | | | | |
| SHADEGR/Parchment check completed.  Un-resulted (SFARHST) check completed  MS AP Result (DS001) check completed | | Outstanding RPL (DS035) check completed  S&E Portal TA/any other RTO TA open check completed  Training account has been closed in S&E Portal | | |
| Comments: | | | | |
| **Staff Signature:** | Description: sign | | **Date:** |  |