Application for student transfer between providers

Applicant Details:

Family Name:		Title:	
First Given Name:			
Second Given Name:			
Preferred Name:			
Gender:	☐ Male ☐ Female	**Birth Date:**	
Home Number:		**Mobile Number:**	
Home address:			

Transfer details (Existing Provider):

Institute requesting transfer from:			
Program requesting transfer from:			
Date of requested release:		**Date of new commencement:**	
Institute contact details:	Phone:	Delegate:	
Application:	☐ Approved	☐ Not approved	
Signature:		Date:	
Reasons for decision:			

Administrative Check:	☐ Application for transfer approved by CEO/Delegated Officer
	☐ RTO Data checked for student attendance and fees pro-rated
	☐ Charges determined and quick posted to student account
	☐ Student file audited and copied before transfer
	☐ PRISMS updated

Transfer details (Gaining Provider):

Institute requesting transfer to:		
Program requesting transfer to:		
Date of requested commencement:		Place available? ☐ Yes ☐ No
Institute contact details:	Phone:	Delegate name:
Application:	☐ Approved	☐ Not approved
Signature:		Date:
Reasons for decision:		
Administrative Check:	☐ Application for transfer approved by CEO/Delegated Officer	
	☐ Student fees received	
	☐ Student file audited received	
	☐ PRISMS updated	
	☐ If "not approved" has the student been advised in writing	