

Transfer of Provider Request Form

Details

| | |
|----------------|--|
| Date: | |
| Name: | |
| Student ID: | |
| Course: | |
| Course Intake: | |

New Provider Details

| | | | |
|----------------|--|----------|--|
| Name: | | | |
| Address: | | | |
| Suburb: | | State: | |
| Phone: | | Fax: | |
| Email: | | Website: | |
| CRICOS Number: | | | |
| Course: | | | |

Section 1

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

Acknowledgement

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with APEIRO INSTITUTE Transfer of Provider Policy.

Notwithstanding, should my request be denied, I shall have 20 working days to access the Complaints and Appeals process.

| | | | |
|-------------|--|------------|--|
| Print Name: | | Signature: | |
|-------------|--|------------|--|

Authorisation

| Authorisation for Processing | | | |
|--|-----|-----------------|------------|
| Checklist: | | YES | NO |
| Does the student have a Valid Letter of Offer | | | |
| Is the Student under the age of 18 years: - If so, has the Parent or Legal Guardian given written consent | | | |
| Does the student have any outstanding fees or charges | | | |
| Has the student been maintaining good academic progress and attendance | | | |
| Has the student been informed of their requirement to contact DIBP | | | |
| Has the student been counselled on their request | | | |
| Comments: | | | |
| | | | |
| Action: | | | |
| Signed: | | | |
| Print Name: | | Date Processed: | |
| Admin Use Only | | | |
| Letter of Release | | | |
| Letter of Release Issued: | Yes | No | Date: |
| Sent By: | | | Signature: |
| Obligations | | | |
| APEIRO INSTITUTE Obligations End: | | | |
| DIAC Informed: | Yes | No | Date: |
| Appeal of Decision | | | |
| Appeal Lodged: | Yes | No | Date: |
| CAF Number: | | | Date: |