

STUDENT CHANGE REQUEST FORM - QLD

Student First Name /Given Names:	
Student Last Name:	
Residential Address:	
Mobile:	
DOB:	
Email:	

PART ONE – CURRENT STUDY ARRANGEMENT: This section is for you to complete to inform InterCare Training of your current training activity with us, please complete the detail below outlining the enrolled course/study type/training location below:

Enrolled Qualification: (please select)

CHC33015 – Certificate III in Individual Support - Ageing
CHC33015 – Certificate III in Individual Support - Disability
Other

Study Type: (please select your current study type below)

Face-to-Face (On-Site Classes)	ZOOM (Online Classes)
--------------------------------	-----------------------

Training Schedule: What day/nights of the week are you currently studying?

(Please select below by marking the appropriate box)

Monday – AM	Tuesday – AM	Wednesday – AM	Thursday – AM
Monday + Tuesday – PM	Wednesday + Thursday - PM	Friday – AM	Saturday – AM

If you are studying Face-to-Face (On-Site Classes) in QUEENSLAND: (Please select your training location below)

Springwood	Caboolture	Carseldine
Ipswich	Labrador	Other (please specify):

PART TWO – YOUR CHANGE REQUEST: This section is for you to complete to inform InterCare Training of your desired 'change request' Please complete the detail below outlining your change request to your enrolled course/study type/training location below:

Request to Change Qualification: (please select the 'Qualification' that you would like to change to below)

NOTE: If you do not wish to change your qualification please proceed to the next section!

CHC33015 – Certificate III in Individual Support - Ageing
CHC33015 – Certificate III in Individual Support - Disability
Other

Request to Change Study Type: (please select the 'Study Type' that you would like to change to below)

NOTE: If you do not wish to change your study type please proceed to the next section!

Face-to-Face (On-Site Classes)	ZOOM (Online Classes)
--------------------------------	-----------------------

Training Schedule: What day/nights of the week would you like to change your study to?

(Please select your new training schedule below)

Monday – AM	Tuesday – AM	Wednesday – AM	Thursday – AM
Monday + Tuesday – PM	Wednesday + Thursday - PM	Friday – AM	Saturday – AM

If you are studying Face-to-Face (On-Site Classes) in QUEENSLAND

(Please select your new requested training location below):

Springwood	Caboolture	Carseldine
Ipswich	Labrador	Other (please specify):

**Upon completion of this form, please save and send a copy to gld@intercaretraining.com.au
Please allow two business days for your request to be processed.**

OFFICE USE ONLY

Date Request Received		
Changes Approved	Yes	No
Changes Processed	Yes	No