

**STUDENT CHANGE REQUEST FORM - VIC**

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

**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)

CHC43015 – Certificate IV in Ageing Support	CHC43115 – Certificate IV in Disability
CHC43415 – Certificate IV in Leisure & Health	CHC33015 – Certificate III in Individual Support
HLTAID003 – Provide First Aid	

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

Face-to-Face (On-Site Classes)	ZOOM (Online Classes)
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**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 VICTORIA:** (Please select your training location below)

Keysborough	Epping	Werribee
Hampton Park	Sunshine	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!

CHC43015 – Certificate IV in Ageing Support	CHC43115 – Certificate IV in Disability
CHC43415 – Certificate IV in Leisure & Health	CHC33015 – Certificate III in Individual Support
HLTAID003 – Provide First Aid	

**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)
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**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 VICTORIA**

(Please select your new requested training location below):

Keysborough	Epping	Werribee
Hampton Park	Sunshine	Other (please specify):

**Upon completion of this form, please save and send a copy to [training@intercaretraining.com.au](mailto:training@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