

STUDENT DEFERRAL FORM

STUDENT DETAILS

Stu	udent Name:								
Stu	udent Number (If known):								
Tro	ainer/Assessor Name:								
Co	ourse Code and Title:								
Co	ourse Commencement Date:								
Co	ourse Location:	□ VIC	□ QLD	□ SA		ISW			
Re	eason for Deferral:								
	ructions: ou wish to defer your course pleas	se complete th	is form and	return it to) Inter	Care Trainir	ng to begin the deferral		
pro	cess. Kindly email this form to retection cessing, we will discontinue your to	<u>ention@interca</u>	<u>retraining.c</u>	om.au wit	h the	subject line	: Deferral request . Upon		
CC	OURSE DEFERRAL BY STUDE	NT							
	knowledgement of Terms and Co								
	derstand and confirm that (pleas	e tick every bo	x below, al	na insert tr	ie req	uestea aate	es):		
	Further training is required in order to complete this course.								
	As an enrolled student, I may defer this course for up to 6 months.								
		nonths or in the next calendar year but will need to go through the enrolment ng and eligibility assessment prior to re-commencing classes.							
	If I defer my studies, I may not b on class capacity at the time.	be able to re-enter on the same schedule as my initial enrolment as this will depend							
	I have discussed my course deferral with my trainer, and I am aware that a break in my studies may lead to me having to catch up or refresh my knowledge prior to continuing. I still choose to defer.								
	My last day of attendance will be:								
	My expected return date is:								
	I will need to contact InterCare re-commencement of the cours		above re-c	ommence	ement	date at lea	ast two (2) weeks before my		
	In the event that I do not contact InterCare Training prior to the agreed upon return date, InterCare will attempt to contact me up to four (4) times via phone, email and SMS, thereafter I may be withdrawn due to non-attendance.								
	I will ensure that all my placement required documents (i.e., police check, WWCC, NDIS check, Vaccination records etc.) will be up to date before my return; and I understand that my placement may be delayed, depending on placement availability on my return.								
	Deferring my course may impact my future funding opportunities in education, as this has been discussed with me by an InterCare representative								
Stu	udent Signature					Date			
Deferral approved by Training Delegated Authority Signature						Date			

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