

STUDENT WITHDRAWAL FORM

STUDENT DETAILS

Student Name:		
Student Number (If known):		
Trainer:		
Course Code and Title:		
Course Commencement Date:		
Course Location:	□ VIC □ QLD □ SA □ NSW	
Course Withdrawal By:	□ Student Choice (complete Section A) □ InterCare Training Decision – Training/Retention Team (Complete Section B), Email to training@intercaretraining.com.au	

INSTRUCTIONS:

- If you wish to withdraw from your course:
 - o please complete this form and return it to InterCare Training to begin the withdrawal process.
- In order to receive a Certificate or Statement of Attainment, you need to:
 - Complete and be found Satisfactory in ALL assessments linked to each unit of your course,
 - o Complete 120 hours of work placement (where applicable) and be found Satisfactory in your workplace assessment.
 - o Be deemed Competent in all units.
 - o Ensure all outstanding fees have been paid.
 - We will discontinue your training immediately upon receipt of this form.
- A Statement of Attainment will be issued for units deemed Competent within 30 days of processing the final assessment(s).
- You will be reported as withdrawn from the course within 60 days (or the State Funding Contract expiry date, if sooner) of this form being processed by InterCare Training.

<u>Important Notice:</u>

A withdrawal from a Government-funded course may have an impact on your future government-funding opportunities, depending on the State funding contract and eligibility criteria at the time of application.

<u>Please complete the relevant section (A or B) below.</u>

File Name:	D-STU002 Student Withdrawal Form			Version:	3.1
Prepared by:	RTO Services Manager	Review Date:	As required	Version Date:	October 2025
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SECTION A: WITHDRAWA	AL BY STUDENT CHOICE (OFFICIAL WI	THDRAW	AL)
☐ I have been consulted and of from my course.	offered additional support to assist with my stud	ies, howeve	er I still choose to withdraw
Reason for Withdrawal			
Acknowledgement of Ter	ms and Conditions of Withdrawal		
<u> </u>	ake up to 30 days to be withdrawn from my cou	urse.	
□ I understand that future gove	ernment-funding opportunities may no longer b	e available	to me after withdrawal.
Student Signature		Date	
Trainer Signature		Date	
SECTION B: WITHDRAWA	L BY INTERCARE DECISION (APPAREI	NT WITHD	RAWAL)
For Office Use only			
Reason for withdrawal:			
□ Non-satisfactory course prog	gress.		
□ Non-attendance of classes.			
□ Non-attendance of placeme	ent.		
□ Non-attendance or non-con	npletion of FSK bridging courses (South Australia	a Students c	only)
□ Non-payment of fees.			
☐ Other (Please provide detail	s below)		
Student Support / Retentions Team Member Signature		Date	
Trainer Signature		Date	

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