

FOR-ENR-15 Transfer of Provider Request Form

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 No.:			
Course:			

Section 1

I request a Transfer of Provider for following reasons: (Attach any supporting documentation e.g. Letter of Offer)

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Acknowledgement

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

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

Print Name:		**Signature:**	
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ICT OFFICE USE ONLY FOR 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 DIAC				
Has the student been counselled on their request				
Comments:				
Action:	APPROVED		DENIED	
Signed:		Position:		
Print Name:		Date Processed:		
Admin Use Only				
Letter of Release				
Letter of Release Issued:	Yes	No	Date:	
Sent By:			Signature:	
Obligations				
Ironwood Institute Obligations End:				
DIAC Informed:	Yes	No	Date:	
Appeal of Decision				
Appeal Lodged:	Yes	No	Date:	
CAF Number:			Date:	