This form is to be generated ONLY after the Trainer has confirmed that all results have been recorded on the Assessment Summary Record and submitted for processing.

This form must be completed within seven (7) days of the student’s last attendance. It is to be used when students do not attend their allocated course or exit training before the course is completed. Form will be returned if not fully completed.

Section One – Student Services Officer (from delivery campus) to complete

In Section Two, list ALL the units of competency in which the student is enrolled. Add rows as required.

Once Sections One and Two are completed, email form to the campus Vocational Training Manager.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Surname: | |  | Student’s First Name: | |  |
| SMS Student Number: | |  | Qualification Code: | |  |
| Qualification Name: | |  | | | |
| Availability Description: | |  | | | |
| Tick one box only below | | | | | |
| Withdrawal (Student will not be returning) | | | Reallocation (Student deferring) | | |
| Reason for withdrawal/reallocation: | | | | | |
|  | | | | | |
|  | | | | | |
| Documentation supporting the recommended action is attached.  If allowable under Fees and Refunds Policy, supporting document includes completed [F-FN50 Application for Refund](https://intranet.aptc.edu.au/qmsdocs/F-FN50.docx). | | | | | |
| Name of Student Services Officer requesting withdrawal/reallocation: | | | |  | |
| Signature & date: |  | | | | |

Section Two – Trainer to complete the table below:

In the table below, complete details for ALL of the units of competency that the student is enrolled in.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit of competency code | Unit of competency name | J / M / WID | Start of study date | Close of study date | Did student attend? (Y/N) | Last Date Attended | Have all assessments been attempted? (Y/N) | Withdraw (Y/N) |
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| --- | --- | --- |
| I have recorded all “Competency Achieved/Competency Not Achieved” results on the Assessment Summary Record and confirm that the above is correct. | | |
| Name of Trainer: |  | Signature & date: |

Forward to Vocational Training Manager for investigation and recommendation – DO NOT withdraw the student at this stage.

Section Three – Recommendation by Vocational Training Manager

|  |  |  |
| --- | --- | --- |
| (VTM to return to trainer for further action if not fully completed) | | |
| All options have been investigated and the recommended action is recorded below. | | |
| Is a refund recommended?  Yes  No | | Demobilisation required?  Yes  No |
| Recommended action: | | |
| Name of Vocational Training Manager: | | |
| I confirm that all details in Sections 1, 2 and 3 have been fully and correctly completed | Signature & date: | |

Section Four – Authorisation by Academic Manager

|  |  |
| --- | --- |
| Action recommended above is:  Approved  Not approved | |
| Comments: | |
|  | |
| Signature & date: |  |

If approved, forward to Student Administration Services Team at [student.services@aptc.edu.au](mailto:student.services@aptc.edu.au). If not approved, advise Vocational Training Manager of the decision.

Section Five – SAS Team to complete

|  |  |
| --- | --- |
| Student withdrawal/reallocation has been actioned in SMS including all withdrawn results. | |
| SMS enrolments updated. | |
| Checked with Finance for outstanding fees. Advise Events and Branding Officer if student has an existing debt. | |
| Statement of Attainment has been produced and provided to the Events and Branding Officer. | |
| Application status updated in CRM and copy of completed form has been saved to the student’s application file. | |
| If demobilisation is required, Travel & Insurance Coordinator has been informed to commence arrangements. | |
| Name of SAS Team Officer: | |
| Signature & date: |  |

Section Six – Local Finance Officer

|  |  |
| --- | --- |
| Sales credit memo has been processed and posted if refund is approved | |
| Refund payment has been processed to Student | |
| Name of Local Finance Officer: | |
| Signature & date: |  |