Application to Withdraw



SECTION A: STUDENT DETAILS												
Fam	ily Name				ıme	Stafflink ID		fflink ID				
Date	of Birth		Postal Address									
Ema	il Address					Delivery Site Name						
Cou	rse Code		Course Name				Program Start Date					
Intent for Withdrawal from the Course												
I wish to:												
☐ Withdraw from the course.												
☐ Transfer my enrolment to another NSW Health RTO delivery site. Provide delivery site's name:												
	☐ Transfer to another RTO. Provide the other RTO's					Provider Name: ID						
Please choose relevant reason for withdrawal												
☐ Family Illness			☐ Personal Rea	☐ Personal Reasons		☐ Felt unwelcome		☐ Personal Illness				
\square N	ot coping with vol	ume of studies	☐ Work related reasons		☐ Cours	se wasn't what I thoug	ht [☐ This course is not for me				
☐ Need break from studies			☐ Other (Please	specify)								
Assessments												
☐ I confirm I do not have any work submitted to the program coordinator for assessment at the time of withdrawal.												
☐ I have submitted assessment work to the program coordinator for the following units that is pending assessment and feedback.												
Unit	code	Unit title	itle			ssment work submitted	pendi	ng assessn	nent and feedback			
Student's sign off												
	Diploma of Nursing students only: Understand that I have received a scholarship from the Nursing and Midwifery Officer (NAMO) to undertake this qualification.											
Signature of Student					Date of Withdrawal							
Note for students: Insert a digital signature above. Alternatively, submit this application via the above listed email address. It will be recognised as your electronic sign off.												

Information for Students: Withdrawing from your studies

- Students who withdraw from a qualification are required to notify their program coordinator of their intent to withdraw in writing.
- If you are withdrawing from your qualification before classes commence with no attendance or participation in training, you may be eligible for a refund of fees if applicable (unless this has been paid on your behalf by your Local Health District of Specialty Network).
- If you are withdrawing from your qualification after classes commence, you may be eligible for a partial refund of your Student fee (unless this has been paid on your behalf by your Local Health District of Specialty Network).
- No refunds are available for VET Student Loans withdrawals after the Census Date.
- Please refer to the NSW Health RTO Fees and Refunds Policy for further information on refund of fees.

Note: Students are not eligible for refund of incidental fees

Student Privacy

Information collected by the NSW Health RTO during a student's enrolment and attendance will be used for the purposes of general record administration, identification, communication, state and national reporting, program monitoring, evaluation and surveys. Student information will be held securely and disposed of securely when no longer needed.

The information may be disclosed to any Government Department or Organisation as required by law. This includes, but is not limited to, the Department of Human Services (Centrelink), the Department of Veterans' Affairs, the Department of Education and Training, the Department of Industry and Science, the Department of Immigration and Border Protection, Transport for NSW, NSW Department of Industry, Skills & Regional Development, the Australian Skills Quality Authority, the Tertiary Education Quality and Standards Agency, the Universities Admission Centre, Office of the Board of Studies and the National Centre for Vocational Education Research. In order to meet the requirements of Registered Training Organisations under the Apprenticeships and Traineeships Act 2001, apprentice and trainee information is provided to employers, Australian Apprenticeship Centres and NSW Skills and Industry Policy Division (or the relevant State Training Authority).

Application to Withdraw



SECTION B: TO BE COMPLETED BY THE PROGRAM COORDINATOR										
The student notified me of their intent to withdraw.		☐ Yes ☐ No	If no, I confirm, I have follow than 2 occasions prior to corstudent.			Yes No				
Student's Attendance Records (tick boxes that are relevant)										
	I have checked all attendance records for this student.									
	For students enrolled in clinical qualifications: I have checked clinical placement attendance records.									
	The student's attendance records are updated in My Health Learning (MHL).									
Student's Assessment Work (tick boxes that are relevant)										
	The student attended classroom/virtual training but did Not submit any assessment work.									
	The student attended classroom/virtual training and has submitted some assessment work.									
	For students enrolled in clinical qualifications: The student did not attend any clinical placements.									
	The assessment work submitted by this student is marked and an outcome has been provided to the student.									
	I confirm where the student has attended classroom/virtual training and has submitted partial assessment work, a 'Withdrawn After Commencement' status has been indicated for those units of competency.									
	I confirm where the student has attended classroom/virtual training but not submitted any assessment work, a 'Withdrawn after Commencement' status has been indicated for those units of competency.									
	I confirm where the student has not attended classroom/virtual training, a 'Withdrawn Before Commencement' status has been indicated for the remaining units of competency.									
	I confirm the student's Assessment Record Summary (ARS) has been updated with appropriate statuses for each unit of competency.									
	I confirm the student's My Health Learning (MHL) record has been updated for all units of competency as per the ARS.									
	I confirm the student's MHL record has been updated with appropriate status at qualification level.									
Program Coordinator/Manager Sign off										
	I confirm all information provided in this form is accurate.									
	I confirm I have sighted all documentary evidence collated by the program coordinator at the time of completing this form.									
	I confirm the ARS, the Withdrawal form and supplementary documentary evidence has been submitted to the RTOEO email address: HSNSW-RTO@health.nsw.gov.au for students who have 'Withdrawn after Commencement' (WAC) status indicated in MHL and the ARS for one or more UOCs.									
	I confirm the ARS and Withdrawal form has been uploaded in MHL.									
Pro	gram Coordinator/Manager			Date:						

<u>Smart and Skilled Funded Students</u> - Mandatory Documentary Evidence for Students with 'Withdrawn after Commencement' (WAC) status for one or more UOCs.

The following documentary evidence must be submitted together with the ARS and Withdrawal Application form to the RTOEO email address: HSNSW-RTO@health.nsw.gov.au

- 1. Attendance sheet for classroom/virtual training where the student has signed on the day/s of training.
- 2. Evidence that the student has interacted and participated in the training in a matter that exceeds mere attendance or accessing training materials. Examples of evidence can be an observation sheet for an activity that the student undertook, submission of part of an assessment task, reflection activity, engagement and contribution in online discussion forums related to the subjects covered in the UOCs that have WAC status. Screen shots or downloaded copy of the online discussion forums would be sufficient.