Logo

Description automatically generated

NSW Health

Registered Training Organisation

**APPLICATION to Defer Studies**

|  |
| --- |
| **Section A: To be completed by Student**  **Please return this form to your Program Coordinator or Delivery Site Administration Office**  **Incomplete forms will be returned unapproved** |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY  Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivery Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY  Program Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Information on Deferring Studies** |
| **Please discuss your intention to defer with your Program Coordinator BEFORE making your application.**  **Requests for Deferral can only be made on this form** and must be given or emailed directly to the Program Coordinator. It must be physically signed, or an electronic signature attached. If you are unable to do that, send it to the Program Coordinator by email, with the words “Please accept the attached Application to Defer Studies without signature, as I cannot access an electronic signature.” Students should ensure that they receive a dated acknowledgement of receipt.  **Deferral will only be granted in exceptional circumstances** and will only be granted where a student has shown that they have, until their request for deferral, fully committed to the program. Commitment can be shown by a history of on time and consistent assessment submission, or appropriate negotiation of extensions in a timely manner.  **Deferral will not be granted** for students who have participated in training and/or attended class but have not handed in any assessments. It is not granted as a mechanism for delaying Assessment submission.  **You must provide an explanation** of the reasons for requesting this deferral and where it is appropriate provide documentary evidence.  **Deferral will be granted for a maximum 12 months** from Deferral Start Date, as indicated on Page 1. Deferral can be requested for a period less than 12 months. |
| **Return to Study** |
| You must **return to study** by the deferral end date. **Failure to do so will result in you being automatically withdrawn from the program**. Your record will be amended to identify that you have withdrawn and discontinued your studies. If at any time you decide not to return, please inform the Program Coordinator and complete a Withdrawal Form (available on the RTO Website under For Student section). You will be provided with a Statement of Attainment for any Units of Competency you have successfully completed as part of the program you were enrolled in.  **NSW Health RTO cannot guarantee that your course will still be available at your delivery site when you are ready to return to your studies.** Discussions will be held with returning students to find the best way forward. This could include, but is not limited to, transfer to another delivery site or completing the qualification by Recognition of Prior learning and gap training. Where a student cannot be accommodated an attempt will be made to assist the student to find an appropriate place to continue their studies at another RTO. Refund of any unused fees that the student may have paid prior to deferral will follow the NSW Health RTO Policies and Procedures.  If you wish to recommence after withdrawing, you will be commencing as a new student, and will have to re-enrol.  When you recommence your studies within the 12-month period, you will re-enter the course at the same point at which you deferred and into the same units of study or its equivalent being offered at the returning time. It is important to note that the course entered into following deferral will be the most current course version available (i.e. if course transition occurred while the student was deferred, students may be required to undertake additional study to ensure course progression in the new course structure).  The Student fee or Concession fee remains current for your qualification within the period of deferring your studies. |

|  |  |
| --- | --- |
| **Section A (Continued): To be completed by Student**  **Deferral Request** | |
| **Student Name**  Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Requested Deferral Dates** (Deferral can be for a period no more than 12 months)  Deferral Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deferral End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY DD/MM/YYYY | |
| Please provide **a detailed explanation for your deferral request. You may attach additional page of this space is not adequate. Attach any documentary evidence** (if appropriate): | |
| **Do you have any completed assessments that you have not handed in?**  **YES  NO** | |
| ***I have read and understood the information in this form:***  **SIGNATURE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY  **Note 1: Deferrals are only granted in exceptional circumstances and will not be granted without prior discussion with your Program Coordinator.**  **Note 2: Submitting this application via your email address is recognised as your electronic signature.** | |
| **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 Services Australia (Centrelink), the Department of Veterans` Affairs, the Department of Education, the Department of Industry, Science Energy and Resources, the Department of Home Affairs, Transport for NSW, NSW Department of Education, Training Services NSW (TSN), the Australian Skills Quality Authority, the Tertiary Education Quality and Standards Agency, the Universities Admission Centre, NSW Education Standards Authority (NESA) and the National Centre for Vocational Education Research (NCVER). 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 Training Services NSW (TSN) or the relevant State Training Authority. | |
| **SECTION B: To be completed by the Program Coordinator**  **Incomplete forms will be returned**  **All forms must be returned to the HSNSW-RTO@health.nsw.gov.au** |
| **Instructions to Program Coordinators**   * When you receive the student section of this form (Section A), complete section B. * Email the form and all the supporting documentation to the RTOEO email: [HSNSW-RTO@health.nsw.gov.au](mailto:HSNSW-RTO@health.nsw.gov.au) * The RTOEO will review the application, then contact you to discuss or seek further information if needed. * The RTOEO team will discuss the application, including supporting evidence, and inform you for the decision and management on MHL. |
| **Checklist prior to submission to RTOEO** |
| I have discussed this deferral with the student and provided support to encourage them to continue.  If this form is not signed, I have attached a copy of the student’s email or other **written** advice.  I confirm that the student has commenced classes and/or participated in training and/or submitted assessment items.  I have listed the documentary information and additional information provided by the student below  I have briefly listed all the student support documentation I am providing. Examples include emails, support forms,  log of phone calls etc  When I have signed below, I will email this form and additional documentation to the RTOEO,  [HSNSW-RTO@health.nsw.gov.au](mailto:HSNSW-RTO@health.nsw.gov.au) |
| **List documentary information and additional information provided by the student (Attach)** |
|  |
| **List support documentation (Attach)** |
|  |
| **Program Coordinator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Program Coordinator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY |
| **SECTION C: To be completed by the RTOEO**  **RTOEO Deferral Decision** |
| **APPROVAL TO DEFER for 12 month or less is Granted  YES  NO**  Please provide reasons for the decision: |
| **Approved Deferral Dates** |
| **Note: this section should be left blank if Approval to Defer is not granted.**  **Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature of RTOEO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY |

|  |
| --- |
| **SECTION D: To be completed by Program Coordinator** |
| **If deferral has been granted**, I have checked that:  I have informed the student of the decision in writing.  I have held a documented discussion with the student on the following:  That one month before return date, they will be contacted to establish intention to return and at that time a new Training Plan will be developed and agreed on.  That the student is required to inform the Program Coordinator immediately if they change their mind and wish to withdraw.  That failure to return by the agreed return date will result in automatic withdrawal, without exception.  I have entered the Deferral information (completion date extension), including the Deferral Start Date and the Deferral Completion date in MHL.  **If deferral has not been granted**, I have ensured that:  I have informed the student in writing that their request for deferral has been denied.  I have held a documented discussion with the student to decide the way forward.  I have informed the student they would need either to complete and submit a Withdrawal Form or negotiate a new Training Plan, should they decided to stay in the program.  I will send the Withdrawal form or Updated Training Plan and any supporting evidence to the RTOEO. |
| **I have undertaken the above actions and will notify the RTOEO of any changes to the Student’s status.**  **Program Coordinator** **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DD/MM/YYYY |

**On completion, this entire form must be scanned and placed on the Student’s file in MHL**

**In addition, all Supporting documentation must be placed on the student’s file**