

Enrolment Variation Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy
 CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Personal Details *(Please tick the box)*

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Student ID No:		Contact Number:			
Given Name:		Middle Name:			
Family Name:					
USI Number:					
Email:					
Agent Name:					

2. Variation Details *(Please tick the box)*

<input type="checkbox"/> Withdrawal/ Cancellation <small>(\$250.00 withdrawal fee applicable + cancellation fee if applicable)</small>	<input type="checkbox"/> Deferment/ Suspension <small>(Please read the deferment/ suspension agreement below)</small>
<input type="checkbox"/> Change to another course <small>(\$50.00 fee applicable)</small>	<input type="checkbox"/> Change of commencement date for revised CoE <small>(\$150.00 fee applicable)</small>
<input type="checkbox"/> Change of Trainer <small>(\$50.00 fee may be applicable)</small>	<input type="checkbox"/> Other, please specify:

Please provide the reason(s) for your variation and submit any supporting evidence:

3. Deferment/ Suspension Agreement (if applicable)

I confirm that I have requested a deferment or suspension of my course(s) at Auscare Training Organisation for compelling and/or compassionate reasons. I understand and agree that when a deferment or suspension is approved:

- I remain a current student and I have NOT been released from my studies at Auscare Training Organisation.
- I will still be enrolled into all the courses that I am currently enrolled in with Auscare Training Organisation.
- I may not be able to have the exact gap between courses that I request due to unit delivery dates.
- I may need to be enrolled for a longer period than the standard duration of the course to complete any outstanding units, which is dependent on the timetable of unit delivery.
- My payment dates for future courses will be amended to reflect revised course dates.
- All other terms and conditions of my enrolment at Auscare Training Organisation remain the same.
- I will sign and date the new letter of offer which reflects the necessary changes required because of my request for a deferment/ suspension of my course(s) at Auscare Training Organisation. If I do not sign the letter of offer my deferment/ suspension will NOT be finalised.

Date of return to class: I request that Auscare Training Organisation defers my courses to resume on (or as near as possible to) _____ **(insert date)**

4. Acknowledgement			
<p>In accordance with the ESOS Act, if you are requesting a transfer to an alternative provider, you MUST provide a Letter of Offer from another Australian provider.</p>			
<p>Conditions:</p> <ul style="list-style-type: none"> • For students requesting a course deferral or suspension and then later requesting a course withdrawal/cancellation, the Refund Policy and cancellation fees will be based on the start date of the original enrolment. Refer to your original Letter of Offer for further information. • Enrolment Variation request will take up to ten (10) working days to process. • A formal release will be granted only if Enrolment Variation Form is approved and required to be given by Auscare Training Organisation in accordance with the National Code 2018 and the ESOS Act. • This variation may affect the current student's Student Visa and Department of Home Affairs should be informed of any variation. • A student remains enrolled in their current course and is subject to all terms and conditions of their enrolment until the Enrolment Variation Form is approved. 			
<p>I confirm that I have read, understood, and agree to the conditions mentioned above:</p>			
Student's Signature:			Date:
5. Account Details (where the Refund is to be sent)			
Bank Name:			
SWIFT / BIC / CNAPS (China) / IFSC (India) Code:			
IBAN (for Intl' transfers)			
BSB (for domestic transfers)		Account No:	
Account Holder's Name:			
Account Holder's Address: Line 1 (Not more than 25 letters including spaces)			
Line 2 (Not more than 25 letters including spaces)			
City:		Post Code:	
State:		Country:	
Intermediary Bank if applicable			

Please forward to:

Student Support Department, Auscare Training Organisation

60-62 Stirling Street, Perth, WA 6000

Phone: +61 8 6323 2023

Email: enrolment@auscaregroup.com.au