

Student Support Request 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			
Given Name:		Middle Name:	
Last Name:		Date of Birth:	
Student ID No:			
Home Address:			
Contact No:		Postcode:	
Email:			
Current Course(s) Enrolled:			
2. Student Request Details			
<input type="checkbox"/> Course Progress Letter	<input type="checkbox"/> Student Leave Request		
<input type="checkbox"/> Academic Support	<input type="checkbox"/> Term Break Holiday Attestation Letter		
<input type="checkbox"/> Statement of Attainment	<input type="checkbox"/> Re-issuance of Certificate		
<input type="checkbox"/> Enrolment Status Letter	<input type="checkbox"/> Appeals & Complaints		
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Work Placement Confirmation Letter		
Description:			
Student Signature:		Date:	
3. Office Use Only			
Date Received:			
Received By:		Signature:	
<input type="checkbox"/> Meeting arranged by Student Support			
<input type="checkbox"/> Student notified by email or postal address			