


## Transfer of Provider Request Form

Details			
<b>Date:</b>			
<b>Name:</b>			
<b>Student ID:</b>			
<b>Course:</b>			
<b>Group Number:</b>			
New Provider Details			
<b>Name:</b>			
<b>Address:</b>			
<b>Suburb:</b>		<b>State:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Website:</b>	
<b>CRICOS Number:</b>			
<b>Course:</b>			
Section 1			
<b>I request a Transfer of Provider for following reasons: (Attach any supporting documentation)</b>			
			
Acknowledgement			
<input type="checkbox"/> I understand and acknowledge that this Transfer of Provider request will be processed in accordance with WESTIN College Transfer of Provider Policy.			
<input type="checkbox"/> Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.			
<b>Print Name:</b>		<b>Signature:</b>	



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Authorisation			
Authorisation for Processing			
Checklist:	YES	NO	
Does the student have a Valid Letter of Offer	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Student under the age of 18 years? - If so, has the Parent or Legal Guardian given written consent	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have any outstanding fees or charges	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been maintaining good academic progress and attendance	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been informed of their requirement to contact Australian Department of Home Affairs	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been counselled on their request	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
<b>Action:</b>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
<b>Signed:</b>		<b>Position:</b>	
<b>Print Name:</b>		<b>Date Processed:</b>	

Compliance Manager Use Only			
Letter of Release			
Letter of Release Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Sent by:		Signature:	
Obligations			
WESTIN College Obligations End:			
DHA Informed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Compliance Manager			
Valid reason for transfer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Signature:
Valid reason for decline:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Signature:
Comments			
Compliance Manager - Appeal of Decision			
Appeal Lodged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
CA Number:		Date:	



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<b>Document Name:</b> Transfer of Providers Request Form	<b>RTO Code:</b> 45821	<b>CRICOS Code:</b> 03997C
<b>Version:</b> 1.3	<b>Approved:</b> 15 June 2023	<b>Review Date:</b> 15 June 2024
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