



# Transfer of Provider Request Form

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



Authorisation (Staff Only)						
Authorisation for Processing						
Checklist:			YES	NO		
Does the student have a Valid Letter of Offer						
Is the Student under the age of 18 years? - If so, has the Parent or Legal Guardian given written consent						
Does the student have any outstanding fees or charges						
Has the student been maintaining good academic progress and attendance						
Has the student been informed of their requirement to contact DIBP						
Has the student been counselled on their request						
Comments:						
Action:	APPROVED		DENIED			
Signed:			Position:			
Print Name:			Date Processed:			
Compliance Manager Use Only						
Letter of Release						
Letter of Release Issued:	Yes	No	Date:			
Sent by:			Signature:			
Obligations						
Unity School Pty Ltd Obligations End:						
DIAC Informed:	Yes	No	Date:			
Compliance Manager						
Valid Reason for Transfer:	Yes	no	Date:		Signature:	



Valid reason for decline:	yes	No	Date:		Signature:	
Comments						
<b>Compliance Manager - Appeal of Decision</b>						
Appeal Lodged:	Yes	No	Date:			
CA Number:			Date:			