



Transfer of Provider Request Form

Details			
Date:			
Name:			
Date of Birth			
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 Platinum Institute Australia's 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					
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 Australian Department of Home Affairs?					
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					
Platinum Institute Australia Obligations End:					
DHA Informed:	Yes	No	Date:		
CRICOS Manager					
Valid Reason for Transfer:	Yes	no	Date:		Signature:
Valid reason for decline:	yes	No	Date:		Signature:
Comments					
CRICOS Manager - Appeal of Decision					
Appeal Lodged:	Yes	No	Date:		
CA Number:			Date:		