

SMF11A Enrolment Variation Form



Student Number:

Personal Details

Surname: _____ Given names: _____
Student status: Pending (not commenced) Current Suspended

Current course details

Course title: _____
Teacher: _____
Course start date: _____ Course end date: _____
Total weeks of course: _____ Total weeks completed: _____

Enrolment variation requested – type of variation requested (please tick)

Defer commencement of course: _____ New start date: / / _____ Timetable code: _____
 Suspend current enrolment: _____ Suspension start date: / / _____ Return date: / / _____
 Transfer to other Selmar course: _____ New course details: _____
New course start date: / / _____ New course end date: / / _____
 Cancel / Decline enrolment: _____ Cancel / decline from date: / / _____
 Extend course end date _____ New end date: / / _____
 Extend unit end date for units : _____ New end date: / / _____
 Recommencement date following suspension: / / _____

Current host work placement

Name: _____
Address: _____
City: _____ State: _____ Postcode: _____
Contact person: _____ Phone: _____

New host work placement

Name: _____
Address: _____
City: _____ State: _____ Postcode: _____
Contact person: _____

Change trainer

Old trainer: _____
New trainer: _____

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Supporting documentation

If applicable please attach supporting documentation eg: Medical certificates etc.

Reason for deferral / suspension / transfer / cancellation / decline

Selmar Education Institute is interested in any feedback you can provide to assist us to improve our training services. Can you please indicate the reasons you are varying your enrolment below.

You can tick more than one reason

- | | | |
|---|--|---|
| <input type="checkbox"/> Course was not what I expected | <input type="checkbox"/> Course was too difficult | <input type="checkbox"/> Fees too expensive |
| <input type="checkbox"/> No longer interested in course job outcome | <input type="checkbox"/> Dissatisfied with trainer | <input type="checkbox"/> Resigned from job |
| <input type="checkbox"/> Course content was dull | <input type="checkbox"/> Dissatisfied with training venue facilities | <input type="checkbox"/> Moved house |
| <input type="checkbox"/> Not enough support throughout course | <input type="checkbox"/> Dissatisfied with course training material | <input type="checkbox"/> Family reasons |
| <input type="checkbox"/> Course was way too easy | <input type="checkbox"/> Travel to classes - too far | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Other reason (please indicate) | | |

Are you happy for a Selmar staff member to contact you to seek your feedback on the course? Yes No

If seeking a refund in the case of a cancellation please refer to the Refund Policy.

Declaration

I understand that my request will be given due consideration and that I am not to make any changes to my current course details until such time as I am notified either in writing or on the telephone of the approval to move to a new class or to cancel my current study.

I understand that my enrolment may be cancelled if I fail to return to study at the conclusion of an approved suspension period.

Name: _____ Date: _____ / _____ / _____

Signed: _____

OFFICE USE ONLY

Trainer to complete: Has requested variation been discussed with student (please tick): Yes No

Student contacted by: _____ Date contacted: _____ / _____ / _____

Trainer signature: _____ Date: _____ / _____ / _____

Finance to complete:

Total fees paid: \$ _____ Total fees owing: \$ _____

Head of department to complete: Variation approved: Yes No Refund approved: Yes No

New course end date (suspension only): _____

Units to be claimed based on classes attended and / or other evidence of participation. Refer claim guidelines to determine claim % (cancellations and transfers only).

Unit code	% Claim
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Head of department signature: _____ Date: _____ / _____ / _____

CEO to sign: _____

Administration to complete:

Amend wise.net File away Amend class roles (if relevant)

Administration staff signature: _____

Selmar Institute of Education

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