Transfer of Provider Request Form

Personal Details

Family Name	Given Name(s)	☐ M ☐ F Sex
Student ID	Date	
Course	Intake Number	

New Provider Details

Name		Trading Name (if different from Company name)
CRICOS Number:		Course
Email		Website
Phone Number	Mobile Number	Fax
Address		
City / Suburb		Postcode

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 OIC 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:

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Authorisation

Authorisation for Processing				
Checklist:				
Does the student have a Valid Letter of Offer	Yes	☐	No	☐
Does the student have any outstanding fees or charges	Yes	☐	No	☐
Has the student been maintaining good academic progress and attendance	Yes	☐	No	☐
Has the student been informed of their requirement to contact DIBP	Yes	☐	No	☐
Has the student been counselled on their request	Yes	☐	No	☐
Comments:				
Action:	APPROVED	☐	DENIED	☐

Signed:		Position:	
Print Name:		Date Processed:	

Admin Use Only

Letter of Release						
Letter of Release Issued:	YES	☐	NO	☐	Date:	
Sent By:					Signature:	
Obligations						
DIBP Informed:	YES	☐	NO	☐	Date:	
OIC Obligations End:						
Appeal of Decision						
Appeal Lodged:	YES	☐	NO	☐	Date:	
CAF Number:					Date:	