

## ITHEA Domestic students Application to: *(tick one)*

<b>Defer from studies</b>	<b>Cancel studies</b>
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**Definitions:**  
**Deferral:** Postponement of commencement of course.      **Cancellation:** To cease enrolment or withdraw from a course.

**IMPORTANT!**

- All deferrals, regardless of their duration, must be reported to Skills Victoria.
- This form **MUST** be submitted to the Student Manager for approval.
- You will be notified of your application status within 10 working days from the date of receipt.
- If you change your address during the period of deferment/cancellation, please contact us to ensure your address details are updated for future correspondence.

### Personal details\* COMPULSORY

FAMILY NAME:		GIVEN NAME:	
GENDER:	Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE OF BIRTH:	Student No:
ADDRESS:			
SUBURB/CITY:		POST CODE:	
PHONE:	EMAIL:		

### COURSE: *(please tick ✓)*

#### Community Services

CHC33015 Certificate III in Individual Support (Ageing)	CHC33015 Certificate III in Individual Support (Disability)
CHC43015 Certificate IV in Ageing Support	CHC43115 Certificate IV in Disability
CHC43315 Certificate IV in Mental Health	CHC53315 Diploma of Mental Health
CHC43113 Certificate IV in Child, Youth & Family Intervention	CHC50313 Diploma of Child, Youth & Family Intervention
CHC52015 Diploma of Community Services	

#### Children's Services

CHC30121 Certificate III in Early Childhood Education and Care	CHC50121 Diploma of Early Childhood Education and Care
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#### Business

BSB30120 Certificate III in Business	BSB40220 Certificate IV in Business
BSB50220 Diploma of Business	BSB60220 Advanced Diploma of Business

#### Leadership & Management

BSB40520 Certificate IV in Leadership and Management	BSB50420 Diploma of Leadership and Management
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### Details of Deferment/Suspension/Cancellation\* *(please refer to definitions)*

#### Reason for suspension/deferment/cancellation: *(please tick ✓)*

Financial problems	Unable to cope with the course	Family Obligations
Personal matters	Illness/Medical Conditions	Family Bereavement
Other		

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date of proposed deferment/cancellation: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

### Student's declaration

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
  - I authorise ITHEA to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
  - I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of the offer of a place.
- \* COMPULSORY
- \_\_\_\_\_ (Student's signature)\*      \_\_\_\_\_ (Date)\*

#### OFFICE USE ONLY

<b>Course progress:</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory	<b>Skills Victoria status:</b> <input type="checkbox"/> Hours entered <input type="checkbox"/> Results entered
<b>Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Withdrawn	<b>Approved by:</b> _____ <b>Position:</b> _____ <b>Date:</b> _____
<b>Comments</b>	
<b>Entered on VETTRAK</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Entered by:</b> _____ <b>Date:</b> _____