

COURSE WITHDRAWAL/CANCELLATION FORM

This form is used where an enrolled participant completing studies with RMTS wishes to withdraw or cancel from their course prior to completion.

Participant Name			
Course start date		USI number	
Date of Cancellation			
Qualification/Unit (Code and Title)			
Please describe the reasons for request for withdrawal/cancellation:			
Participant Acknowledgement:			
Refund Policy:	I acknowledge that refunds are not granted automatically. I have read the Refund Policy and am aware of its terms and conditions. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Recognition of training completed:	I acknowledge that any training I have completed prior to the date of cancellation will be reviewed and I will be awarded recognition if all competency requirements are fully met. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting evidence:	I have attached documentation to support my request for withdrawal/cancellation: <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence can include, but not be limited to: <ul style="list-style-type: none"> ✓ Medical certificate ✓ Written verification of change of employment ✓ Details of exceptional circumstances 		
Participant signature:	Date: / /	Signature:	
RMTS acknowledgement:	Date: / /	Signature:	

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Admin/Data Use Only

Instructions for processing (check box when complete):

- Complete form above with as much information as possible
- If participant is not available to complete this cancellation form, attach copy of correspondence from participant confirming withdrawal/cancellation to this form
- Is the participant entitled to a refund? (Refer to refund policy) YES / NO
- Complete ARR or Training plan and attach to this form if participant has completed some units.
- Attach Request for Issuance of a Qualification or Statement of Attainment (RIA)
- If participant is eligible for a refund and above steps have been completed, provide Compliance Manager and/or Business Administration Manager with **all** information for approval
- On receipt of approval, send form and attachments to admin@rmts.training for data entry and issue of award.
- Refund and Statement of Attainment sent to participant ____/____/____
- Maintain a copy of this completed form and all other evidence on the participant's file

Completed by:

Approver use only:

- Is the participant entitled to the refund calculated by admin? (Refer to refund policy) YES / NO
- Has all information been provided for processing the refund amount and recognising studies completed?
- Information on the Request for Issuance of a Qualification or Statement of Attainment (RIA) is correct
- Date approved: ____/____/____

Completed by: