

LEARNER WITHDRAWAL FORM



Learners seeking to withdraw from training must complete this form and return to REACH for Training administration for processing.

- for further information please refer to the Learner Withdrawal Policy; available for viewing and located on our website; <http://reachfortraining.com.au/form-downloads/downloads-and-forms/>

Learner Details *(please use BLACK or BLUE pen)*

First Name		Family Name	
Date of Birth (dd/mm/yy)		Learner USI	
Address			
	State:		Post Code:
Study Commencement Date		Study Withdrawal Date	

Learner Withdrawal Request

I declare that:

- I have read, I understand and I accept the responsibilities and obligations for this arrangement.

I authorise that:

- REACH for Training to withdraw me from all studies commitments I am involved in with REACH for Training, effective from the date specified by myself above.

REASON FOR WITHDRAWING *(please indicate)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Too far behind in my studies | <input type="checkbox"/> Low assessment results | <input type="checkbox"/> Loss of interest in course |
| <input type="checkbox"/> Transfer to another course | <input type="checkbox"/> Housing difficulties | <input type="checkbox"/> Health |
| <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Transfer to another RTO | <input type="checkbox"/> Personal or family problems |
| <input type="checkbox"/> Obtained employment | <input type="checkbox"/> Lack of Support | <input type="checkbox"/> Other |

Reason / Comments:

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LEARNER Signature

/ /

Date

Office Use Only

Date of Learner Meeting		RTO Manager Signature	
Comments:			

Learner withdrawal approved Yes No

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CEO Signature

/ /

Date