



Transfer of Provider Request Form

Any appeal process will begin within 10 working days in accordance with QIBA's complaints and appeals process.

Processing time is 10 working days from the date of receipt of complete application.

| Details | |
|----------------------|--------------|
| Date: | |
| Name: | |
| Email: | Mobile: |
| Course: | |
| Student ID No: | Class: |
| New Provider Details | |
| Name: | |
| Address: | |
| Address: | Postcode: |
| Email: | Phone: |
| Course: | CRICOS Code: |

Section 1 – Please include the reason for your request in detail (attach any supporting documentation)

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Student Declaration

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with the above mentioned College's Transfer of provider Policy.

| | |
|-------------|------------|
| Print Name: | Signature: |
|-------------|------------|



Queensland International Business Academy

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QIBA Pty Ltd

ABN: 35 071 667 108

RTO Code: 5304

CRICOS Provider Code: 01515J

| | |
|---|---|
| Office Use Only | |
| Authorisation for Processing Checklist | |
| Does the student have a valid Letter of Offer | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the student have any outstanding fees or charges | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the student been maintaining good academic progress and attendance | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the student been informed of their requirement to contact Australian Department of Home Affairs | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the student been counselled on their request | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Comments | |
| | |
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| | |
| Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | |
| Signed: | Position: |
| Print Name: | Date Processed: |
| Management Use Only | |
| DHA informed: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Valid reason for Transfer: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Valid reason for decline: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Appeal Lodged: | <input type="checkbox"/> YES <input type="checkbox"/> NO Date: |