



VET Transfer of Provider Request Form

Important Information – PLEASE NOTE:

- 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.
- Before your application will be considered, you must complete all the sections below and *attach any documents, relevant to your application.

Students must complete and submit the application to info@qiba.edu.au for approval.

Personal Details			
Date:		Date of Birth:	
Family name:		Mobile:	
Given name/s:			
Email Address:			
Student ID:			
QIBA Campus:	<input type="checkbox"/> Brisbane	<input type="checkbox"/> Sydney	<input type="checkbox"/> Canberra
VET Course Name:			

New Provider Details			
Name:			
Address:			
Address:		Postcode:	
Email:		Contact Number:	
Course:		CRICOS Code:	

Reason for Request (in detail) *attach any supporting documentation



Student/Candidate Declaration:

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

Student Signature:

(use either field)

Date:

Office Use Only

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 Australian Department of Home Affairs YES NO

Has the student been counselled on their request YES NO

Comments

Action: APPROVED DENIED

Signed: _____ Position: _____

Print Name: _____ Date Processed: _____

Management Use Only

DHA informed: YES NO

Valid reason for Transfer: YES NO

Valid reason for decline: YES NO

Appeal lodged: YES NO

Date: _____