

Withdrawal Form

This form is used to notify CEAV Institute of your intention to withdraw from a course or unit of competency.

Participant Details

- Qualification
 Short Course Participant

Surname: _____ First Name: _____

Location of Training: _____

Phone (Mobile): _____

Email: _____

Qualification Code: _____ Qualification Title: _____

Withdrawal from a course

Please tick one of the following options:

- Withdrawal from a course | Effective from: _____

Reason for Withdrawal:

- Family Financial Employment Personal Reasons
 Other (please specify): _____

Understanding withdrawal conditions

Please tick those withdrawal conditions which apply:

- I understand that there must be no outstanding fees payable to CEAV Institute for the period I have studied.
 Request for refund (if within 4 weeks of enrolment)
 Applicable if Participant course fee is being paid by Employer – I understand that I must get consent from an employer approving this withdrawal application if employer is paying for the course.
 I have read and understood the CEAV Institute Refund Policy.

Trainees and apprentices: You will need to also complete a traineeship/apprenticeship cancellation form to cancel the agreement with the state training authority.

Requested by:	Print Full Name:	Signature:	Date:
Participant			
Employer			

Office use only:

Authorised by:			
Records and Reporting			

Issue Statement of Attainment? Yes No