

Application for Deferral Form

Student Details

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	Type of ID:
	ID Number:
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

Reason for deferral

Please provide information on the reasons for the deferral request below

Evidence Attached: YES NO

CEO/Head of Compliance Determination:

Request Approved Request Not Approved

If **NOT** Approved, explanation for decision:

<input type="checkbox"/> Student Notified in writing	Initial	Date: / /
<input type="checkbox"/> Student Satisfied with Outcome	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Student Advised of External Mediation	Initial	Date: / /

Signature:		Date:	/ /
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ACTIONS: Referred to Independent Mediator Agency

Independent Mediator Review and Determination

Mediator Name: _____

Date: / /

Mediator Notes:

Independent Mediator Determination:

Appeal Upheld Appeal Rejected

Further Actions required by States College Australia (as a result of External Mediator Determination):

CEO/Head of Compliance Signature:	_____	Date:	/ /
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Appeal Finalised

<input type="checkbox"/> Student Notified in writing	Initial	_____	Date:	/ /
<input type="checkbox"/> Appeal Outcome recorded in Register	Initial	_____	Date:	/ /
<input type="checkbox"/> Appeal Outcome recorded in SMS	Initial	_____	Date:	/ /
<input type="checkbox"/> Student Paid fees of \$	Initial	_____	Date:	/ /
<input type="checkbox"/> Student refunded fees (if appeal upheld)	Initial	_____	Date:	/ /
<input type="checkbox"/> Appeal Closed	Initial	_____	Date:	/ /

CEO/Head of Compliance Signature:	_____	Date:	/ /
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