

PARTICIPANT WITHDRAWAL FORM

Participant to complete and sign this form and forward to National Training Manager			
Date:			
Participant Last Name:		Participant First Name:	
Participant Phone No(s):			
Course / Program Name:			
Start date of program:			
State Reasons for Withdrawal: (Accredited Training)			
In signing this declaration, I declare the following is true: <ul style="list-style-type: none"> I have read, understood and agree to the terms and conditions of the QPTS refund policy as stated in the QPTS Participant Handbook and the cancellation & refund policy on the website. I have advised my employer of my intent to withdraw from the training and have obtained approval. (employer authorising signature required) 			
Participant Signature:			
Employer Representative:		Signature:	

ADMIN OFFICE USE ONLY																							
<table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Training Coordinator Advised</td></tr> <tr><td><input type="checkbox"/></td><td>Trainer Advised</td></tr> <tr><td><input type="checkbox"/></td><td>Results Updated on Training Plan</td></tr> <tr><td><input type="checkbox"/></td><td>Units Updated in aXcelerate</td></tr> <tr><td><input type="checkbox"/></td><td>SOA required?</td></tr> <tr><td><input type="checkbox"/></td><td>Employer Advised</td></tr> </table>	<input type="checkbox"/>	Training Coordinator Advised	<input type="checkbox"/>	Trainer Advised	<input type="checkbox"/>	Results Updated on Training Plan	<input type="checkbox"/>	Units Updated in aXcelerate	<input type="checkbox"/>	SOA required?	<input type="checkbox"/>	Employer Advised	<table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Status Changed in aXcelerate (withdrawn)</td></tr> <tr><td><input type="checkbox"/></td><td>Noted in aXcelerate Events</td></tr> <tr><td><input type="checkbox"/></td><td>Move Participant File into Withdrawal folder</td></tr> <tr><td><input type="checkbox"/></td><td>Update Outstanding Document Spread Sheet</td></tr> <tr><td><input type="checkbox"/></td><td>Cancel Traineeship / Apprenticeship (WAMMS, RTO Online, ATIS, DESBT, STS, MEGT)</td></tr> </table>	<input type="checkbox"/>	Status Changed in aXcelerate (withdrawn)	<input type="checkbox"/>	Noted in aXcelerate Events	<input type="checkbox"/>	Move Participant File into Withdrawal folder	<input type="checkbox"/>	Update Outstanding Document Spread Sheet	<input type="checkbox"/>	Cancel Traineeship / Apprenticeship (WAMMS, RTO Online, ATIS, DESBT, STS, MEGT)
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Trainer Name:																							
Trainer Signature:																							
Processed by QPTS Staff Name:																							
QPTS Staff Signature:		Date:																					