

**DEFERRING TRAINING, DISCONTINUING TRAINING OR TRANSFERRING – APPLICATION FORM**

**SKILLING FOR RECOVERY**

|  |                                       |                               |  |
|--|---------------------------------------|-------------------------------|--|
| <b>Student Name</b>                                  |                                       |                               |  |
| <b>Employer (if applicable)</b>                      |                                       |                               |  |
| <b>Address</b>                                       |                                       |                               |  |
| <b>Mobile</b>  |                                       |                               |  |
| <b>Email</b>   |                                       |                               |  |
| <b>Course</b>  |                                       |                               |  |
| <b>Course Start Date</b>                             |                                       |                               |  |
| <b>Trainer</b>                                       |                                       |                               |  |
| <b>I would like to:</b>                              |                                       |                               |  |
| <input type="checkbox"/>                             | Defer my training                     | Length of deferment required: | <i>(maximum 6 months for Skilling for Recovery students)</i> |
| <input type="checkbox"/>                             | Transfer to another training provider | Reason for transfer:          |  |
| <input type="checkbox"/>                             | Discontinue training                  | Date training will end:       |  |
| Reason for Deferment or Discontinuation of Training: |                                       |                               |  |
| Any other comments:                                  |                                       |                               |  |
| <b>Student Signature</b>                             |                                       |                               |  |
| <b>Date</b>  |                                       |                               |  |

|                            |  |      |           |
|----------------------------|--|------|-----------|
| <b>Linked 2 Office</b>     |  |      |           |
| Deferral approved?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | Comments: |
| Paperwork processed?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date |           |
| <b>Linked 2 Staff Name</b> |  |      |           |
| <b>Staff Signature</b>     |  |      |           |
| <b>Date</b>                |  |      |           |

| <b>DEFERRING STUDENTS</b>   |                          |
|---|--------------------------|
| Student notified Linked 2 in writing of their wish to defer and provides a medical certificate  | <input type="checkbox"/> |
| Linked 2 determined and implemented processes to support the student to continue their training rather than defer   | <input type="checkbox"/> |
| Briefly outline strategies and processes implemented below:   |                          |
|   |                          |
| If the student still wished to defer:   |                          |
| Linked 2 notified the student within three days of the outcome of their deferment request   | <input type="checkbox"/> |
| Linked 2 advised the student of the fee implication of deferring their studies (where relevant)   | <input type="checkbox"/> |
| Linked 2 confirmed with the student that if they do not recommence subsidised training within a 6 month period of deferral they are considered to have discontinued their studies | <input type="checkbox"/> |
| Deferment has been granted for no more than six months  | <input type="checkbox"/> |
| Linked submitted the relevant Training Activity Data and updates both:  | <input type="checkbox"/> |
| The end dates for any Unit of Competency for which a UoC Outcome Code of 70 has been reported   | <input type="checkbox"/> |
| The start date and end date for any Unit of Competency which has not been commenced   | <input type="checkbox"/> |
| Put on file: records of all requests for and notices of deferral, along with evidence of all deferrals made   | <input type="checkbox"/> |

| <b>DISCONTINUING STUDENTS</b>   |                          |
|---|--------------------------|
| Ascertained if the reason for discontinuing relates to the performance of Linked 2  | <input type="checkbox"/> |
| Ensured that reasonable efforts are made to address concerns of the student related to the delivery and assessment of training  | <input type="checkbox"/> |
| Obtained formal notification from the enrolled student of the date the training will end  | <input type="checkbox"/> |
| Ensured any refunds owed were paid, in accordance with the Fee Administration Policy  | <input type="checkbox"/> |
| Issued to the student a Statement of Attainment and associated transcript for completed Units of Competency within 30 days of notification of the discontinuance  | <input type="checkbox"/> |
| Issued an updated Training Plan to the student listing all units of competency where an outcome has been achieved, commenced but not completed and/or not commenced   | <input type="checkbox"/> |
| Returned results of any outstanding completed training activities and/or assessments to the student   | <input type="checkbox"/> |
| If the participant is an Apprentice or Trainee, followed the process required for the change of RTO named on the Training Contract.   | <input type="checkbox"/> |
| Submitted Training Activity Data to finalise the record and, if eligible, receive any further payments of subsidies and loadings  | <input type="checkbox"/> |
| Put on file: records of all requests for and notices of discontinuation, along with evidence of all discontinuations made, including evidence that Linked 2 has fulfilled its obligations according to the contract | <input type="checkbox"/> |

| ENROLLED STUDENT TRANSFERRING OUT   |   |                          |
|---|---|--------------------------|
| <i>In the event that Linked 2's Smart and Skilled contract is terminated or suspended</i> | Advise the student of forthcoming termination of the funding contract or of ending the delivery of subsidised training  | <input type="checkbox"/> |
|   | Provide options to the student for continuing training:   |                          |
|   | <ul style="list-style-type: none"> <li>Referred the student to the Smart and Skilled website to identify an alternative RTO who can provide subsidised training</li> </ul>  | <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>Referred the enrolled student to the local Training Services NSW Regional Office for assistance</li> </ul>   | <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>The enrolled student opted to remain with Linked 2 and continue training on a "fee for service" basis or alternative arrangement</li> </ul>                                  | <input type="checkbox"/> |
|   | <ul style="list-style-type: none"> <li>An alternative provider was suggested to the student</li> </ul>  | <input type="checkbox"/> |
| For all students transferring out:  |   |                          |
|   | Advised transferring student of any fee arrangements in accordance with the Fee Administration Policy   | <input type="checkbox"/> |
|   | Issued Statements of Attainment/Qualification credentials reflective of the student's actual training and assessment progress to date   | <input type="checkbox"/> |
|   | Issued a current statement of fees and receipt of payments to the student   | <input type="checkbox"/> |
|   | Issued an updated Training Plan listing all units of competency where an outcome has been achieved, commenced but not completed and/or not commenced  | <input type="checkbox"/> |
|   | Ensured any refunds owed were paid, in accordance with the Fee Administration Policy  | <input type="checkbox"/> |
|   | Returned results of any outstanding completed training activities and/or assessments to the student   | <input type="checkbox"/> |
|   | If the participant is an Apprentice or Trainee, followed the process required for the change of RTO named on the Training Contract.   | <input type="checkbox"/> |
|   | Submitted Training Activity Data to finalise the record and, if eligible, receive any further payments of subsidies and loadings  | <input type="checkbox"/> |
|   | Put on file: records of all requests for and notices of discontinuation, along with evidence of all discontinuations made, including evidence that Linked 2 has fulfilled its obligations according to the contract | <input type="checkbox"/> |