



Transfer of Provider Request Form

Details

Date:			
Name:			
Student ID:		USI:	
Course:			

New Provider Details

Name:			
Address:			
Suburb:		State:	
Phone:			
Email:		Website:	
CRICOS Number:			
Course:			

Section 1

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

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Acknowledgement

I understand and acknowledge that this Transfer of Provider request will be processed in accordance with OPIE Transfer of Provider Policy.

Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.

Print Name:		Signature:	
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Authorisation					
Authorisation for Processing					
Checklist:			YES	NO	
Does the student have a Valid Letter of Offer					
Is the Student under the age of 18 years? - If so, has the Parent or Legal Guardian given written consent					
Does the student have any outstanding fees or charges					
Has the student been maintaining good academic progress and attendance					
Has the student been informed of their requirement to contact Department of Home affairs					
Has the student been counselled on their request					
Comments:					
Action:	APPROVED		DENIED		
Signed:		Position:			
Print Name:		Date Processed:			
Compliance Manager Use Only					
Letter of Release					
Letter of Release Issued:	Yes	No	Date:		
Sent by:		Signature:			
Obligations					
OPIE Obligations End:					
Department of Home affairs Informed:	Yes	No	Date:		
Compliance Manager					
Valid Reason for Transfer:	Yes	no	Date:	Signature:	
Valid reason for decline:	yes	No	Date:	Signature:	
Comments					
Compliance Manager - Appeal of Decision					
Appeal Lodged:	Yes	No	Date:		
CA Number:		Date:			