

## Notification of Withdrawal from Course

First Name: ----- Last Name: -----

Telephone no: ----- Email: -----

Course ID: ----- Course Name: -----

Start Date: ----- End Date: -----

Trainer: \_\_\_\_\_

### Reason for withdrawing:

- Financial Difficulty       Not interested in the course       Course workload too heavy  
 Work Commitments       Going to study elsewhere       Personal Reasons  
 Other (Please specify) \_\_\_\_\_

**Before submitting this form please read and confirm that you understand the following important information by ticking the box.**

- I will return my text book to Centacare Employment and Training.  
 I would need to re-apply if I do not recommence within 6 months.  
 By submitting this form I will cease to be a student of Centacare Employment and Training.

Student signature: ----- Date: -----

**Please hand this form into reception or submit via email to [training@centacarewa.com.au](mailto:training@centacarewa.com.au)**

### Office Use Only

Signature CET staff member receiving form: \_\_\_\_\_ Date: \_\_\_\_\_

The following people must be informed in writing (email) of the withdrawal. Tick once notification is sent:     VET Manager                       Finance                       Trainer

*Please attach all documents pertinent to the student's withdrawal to this form.*