

## **ENROLMENT CANCELLATION FORM**

## **Instructions for Students**

- Use this form if you wish to cancel or withdraw from your enrolment at RBA
- Attach supporting documents (required for international students).
- Read in conjunction with RBA's Deferral, Suspension and Cancellation Policy, Transfer Between Providers Policy, and Fee Payment & Refund Policy.
- Cancellations may affect your visa. Please contact DHA for advice before submitting this form.

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d due aa.		Date of Birth:	
iaress:			
ontact No. (I	Ph.)	(Mobile)	
nail:			
		ayment and Refund policy at our reception and on our website wy	vw.rba.vic.edu.au.
Select Course	COURSE CODE	Qualification	CRICOS Course Code
GOORDE			115077A
[]	CPC30620	Certificate III in Painting and Decorating	113077A
	CPC30620 MSF30322	Certificate III in Painting and Decorating  Certificate III in Cabinet making and Timber Technology	115077A 115078M
[]			
[]	MSF30322	Certificate III in Cabinet making and Timber Technology	115078M

Royal Building Academy Pty Ltd trading as Royal Building Academy
Document Name: Enrolment Cancellation Form | Version no: 25.1

RTO no: 46138 | CRICOS no: 04216G

Address: 218 Station Street, Norlane, Victoria 3214 | ABN: 73 645 577 475 Ph: 1300379959 | Email: info@rba.vic.edu.au | Website: www.rba.vic.edu.au



Supporting documents attached: $\square$ Yes $\square$ No			
Would you like to meet with the Student Support or Wellbeing Officer to discuss compassionate or compelling circumstances before proceeding with cancellation?  ☐ Yes (If Yes, please also complete a Student Support Request Form)  ☐ No			
<b>Important Note</b> If your cancellation request is due to a transfer between another provider, you must also complete a separate Release Request Form available on our website and at reception in accordance with National Code 2018 Standard 7. This Enrolment Cancellation Form alone will not process transfer requests.			
Terms and Conditions:			
<ul> <li>I understand that if I am seeking a fee refund, I must also complete a separate Refund Application Form.</li> <li>I understand I may not be eligible for any fee refund if I have not met the terms and conditions outlined in the Fee Payment and Refund Policy.</li> <li>Where the cancellation of enrolment has been initiated by RBA, I am entitled to 20 working days to access the internal Feedback, Complaints and Appeals Process to contest the decision.</li> <li>I authorise RBA to obtain further supporting information or official student records from other institutions where necessary in relation to this application.</li> <li>I acknowledge that RBA will use and manage my personal information in accordance with its Records Management Policy and Privacy Policy.</li> <li>I understand that cancellation of my enrolment may impact my student visa and that RBA is required to report cancellations to the Department of Home Affairs (DHA) via PRISMS.</li> <li>I have read RBA's Deferral, Suspension and Cancellation Policy and understand that changes to my enrolment may result in a change to my CoE and visa status.</li> <li>I declare that all information provided on this form is correct and complete in every detail, and I understand that providing false or misleading information may result in rejection of my application.</li> <li>I also understand the consequences of cancelling my enrolment before a new visa is granted if my visa is still being processed.</li> <li>I have been informed that I may access RBA's Student Support and Wellbeing Services to discuss my circumstances before finalising this cancellation.</li> <li>I acknowledge that RBA has advised me to contact the Department of Home Affairs (DHA) for advice regarding any potential impacts on my visa before submitting this application.</li> <li>I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and RBA's Privacy Policy</li> <li>By signing this form, I confirm that I have read, understood, and agree</li></ul>			
For Office Use Only			
Received by:			

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ddress: 218 Station Street Norlane Victoria 3214 | ARN: 73 645 577 47

Signature: \_\_\_\_\_\_Date: \_\_\_\_\_

 $\hfill\square$  Valid supporting documents are attached

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If cancellation relates to transfer between providers, confirm that a Release Request Form has been completed: $\square$ Yes $\square$ No
Staff Comments (if any):
Processed by