

Course Details	Qualification:						
	Traineeship	<input type="checkbox"/> Yes <i>(if yes, complete Employer Details section below)</i> <input type="checkbox"/> No					
	Course Withdrawal Date:						
Participant Details	Participant Name:						
	Participant Signature:						
Reason for Withdrawal	<input type="checkbox"/> Health reasons <input type="checkbox"/> Did not enjoy the course <input type="checkbox"/> Conflicts with work schedule <input type="checkbox"/> I found a job <input type="checkbox"/> No longer interested in course <input type="checkbox"/> Left employment <input type="checkbox"/> Other - please list						
Employer Details <small>(only applicable to employment based courses)</small>	Business Name:						
	Employer Contact Name:						
	Contact Number:						
	Town / Suburb		State:		Post code:		
OFFICE USE ONLY							
Notification received from:							
<input type="checkbox"/> Participant <input type="checkbox"/> Trainer <input type="checkbox"/> Training Coordinator <input type="checkbox"/> BD <input type="checkbox"/> Employer							
Any work to be assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Trainer to attach latest copy of training plan)							
Training Plan Attached <input type="checkbox"/> Yes <input type="checkbox"/> No							
Trainer / RTO Delegate Name:							
Signature:					Date:		