

## **Important Information for Students**

Students who miss training must inform their trainer via email of their absence prior or on the day. If a student requires short term leave (*up to 2 weeks*), a student must seek approval and apply for this leave by completing this form. Leave is approved on grounds of compassionate and compelling reasons (*e.g. sickness, bereavement of a next to kin*). If a student is experiencing a more serious situation, a meeting with the course coordinator and student services is required to apply for long term leave (*suspension of study up to 1 study term*). Please read the information and complete this form, sign and bring in person to AIWT Student Services together with relevant evidence and/or email to <u>studentservices@aiwt.edu.au</u>.

**This Application must be approved** in writing by AIWT. A letter *"Confirmation of approved study leave" letter will be send within 7 days of AIWT receiving this form.* 

| Section A – Personal Details                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                               |  |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|--|
| AIWT Student                                  | ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                               |  |
| Family Name:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Given Name: |                                               |  |
| Phone:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Email:      |                                               |  |
| Application<br>for short time<br>leave due to | <ul> <li>Apply for leave due to serious illness</li> <li>Serious Illness (must be supported by a medical certificate)</li> <li>Bereavement of an immediate family member (accompanied by a death certificate)</li> <li>Traumatic Experience e.g. Car accident or being a victim of crime (supported by a police or psychologists report)</li> <li>Other personal reasons</li> <li>International Students please note: An application based on financial reasons will not be approved. A condition of your student visa is that you have sufficient financial capacity to support your study and stay in Australia.</li> </ul> |             |                                               |  |
| Student Type                                  | <ul> <li>International (Student Visa)</li> <li>International (Non-Student V</li> <li>Domestic Full Fee Paying</li> <li>Domestic Government Fund</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                               |  |
| Duration of<br>Leave                          | First Day of Leave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E           | Expected Return Date                          |  |
| Leave have<br>been<br>approved                | Trainers Name and Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | Course Coordinator and/or Student<br>Services |  |
| Please describ                                | e the reason for your application in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | detail:     |                                               |  |



## Please provide and attach the relevant evidence:

- Medical Certificate
- Death Certificate
- Police Report
- Return Flight Ticket
- Other

## **Declaration**

- □ I have discussed my leave application with my trainer and have arranged a suitable method of catching up on my work missed and/or any due assessment submission to ensure course progression;
- □ I have provided accurate and truthful information to support my application;
- □ I have provided my current contact details;
- **G** For work placement students only: I have informed my employer;
- □ International Students only: I fully understand the consequences of this application and accept responsibility to ensure my enrolment, course progress and visa is maintained.

| Student Signature:  | _Date: |
|---------------------|--------|
| Guardian Signature: | _Date: |

| OFFICE USE ONLY                                                                                   |                |  |  |  |
|---------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Student Services Officer to Complete                                                              |                |  |  |  |
| Form Received by                                                                                  |                |  |  |  |
| Name:                                                                                             |                |  |  |  |
| Date:                                                                                             |                |  |  |  |
| Has this student applied for short term leave previously?                                         | No / Yes       |  |  |  |
| If yes, has the validity for this case been checked and supported by relevant evidence?           | No / Yes       |  |  |  |
| Has the student supplied relevant evidence to approve the leave?                                  |                |  |  |  |
| Application approved by Course Coordinator and/or Student Services Coordinator (Name & Date)      | No / Yes       |  |  |  |
| If leave is not approved, student has been informed with a letter "NON-Approved" leave            |                |  |  |  |
| If leave has been approved, a Letter of approved leave sent to student                            |                |  |  |  |
| Record Keeping                                                                                    |                |  |  |  |
| Has the employer been informed?                                                                   | No / Yes / N/A |  |  |  |
| Check if student has returned within the timeframe (noted in outlook month and year)? Date & Name |                |  |  |  |
| Power Pro and Moodle - Date & Initial                                                             | No / Yes / N/A |  |  |  |
| Note uploaded                                                                                     |                |  |  |  |
| Forms uploaded (Forms, letters)                                                                   |                |  |  |  |
| Course Coordinator and Trainer has been informed via email                                        | No / Yes / N/A |  |  |  |

