

# Higher Education Early Return to Study Application Form



*This application applies to domestic students only. International Students are to contact TAFE Queensland International.*

## IMPORTANT INFORMATION

If you plan on returning earlier than your approved leave of absence, you need to complete this form

When returning to study at the end of an approved leave of absence, you do not need to complete this form as you are able to enrol as usual.

### I have a question

Please contact the Student Centre or the faculty Administration Officer at the campus where your course of study is delivered.

### Lodging instructions

Application forms and any documentary evidence may be lodged in person to your faculty Administration Officer or electronically via [highered@tafeqld.edu.au](mailto:highered@tafeqld.edu.au)

### Notification of outcome

Applicants will be notified by electronic means of the progress of their request for a leave of absence. You can expect a decision outcome within ten (10) working days.

## STUDENT DETAILS (PLEASE USE BLOCK LETTERS AND PRINT YOUR NAME IN FULL)

|   |            |               |  |
|---|------------|---------------|--|
| TAFE Student Number   |            | Date of Birth |  |
| First Name  |            | Last Name     |  |
| Preferred Name  |            |               |  |
| Mobile Number   | Home Phone | Work Phone    |  |
| Email Address   |            |               |  |
| Home Address  |            |               |  |
| State   | Country    | Post Code     |  |
| Mailing Address (Please write 'As Above' if same as home address) |            |               |  |
| State   | Country    | Post Code     |  |

## QUALIFICATION DETAILS

|   |             |
|---|-------------|
| Course Code   | Course Name |
| <input type="checkbox"/> Southbank <input type="checkbox"/> Other (name of campus)..... |             |

## EARLY RETURN FROM LEAVE OF ABSENCE

|                                   |                |
|-----------------------------------|----------------|
| Intended re-commencement semester | Sem.    / Year |
|-----------------------------------|----------------|

## PRIVACY STATEMENT

TAFE Queensland is collecting your personal information on this form for the purpose of managing your early return to student assessment application in your course. In accordance with the *Information Privacy Act 2009* (Qld), your personal information will only be accessed by staff employed by or on behalf of TAFE Queensland for this purpose. TAFE Queensland handles your personal information in accordance with our Privacy Policy (which you can view here: <https://tafeqld.edu.au/privacy>).

Your information will not be provided to any other person or agency unless you have provided TAFE Queensland with permission or as otherwise outlined in the TAFE Queensland Privacy Policy or where disclosure is permitted or required by law. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managed or have a concern or complaint about the way the information has been collected, used, stored, or disclosed, please contact the TAFE Queensland Privacy Officer at [TAFE.Queensland@tafeqld.edu.au](mailto:TAFE.Queensland@tafeqld.edu.au).

## STUDENT DECLARATION (Please read carefully)

If under the age of 18 years, this application must be signed by a parent/guardian. This includes consent for the student to have access to the Internet through TAFE Queensland.

1. I acknowledge that I am subject to and must comply with any policies or procedures of TAFE Queensland governing my conduct as a student and academic matters affecting my studies.
2. I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every aspect.
3. I understand that there may be capacity limitations in my Course/Unit/s of Study which may preclude enrolment in the desired enrolment period.
4. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing, or that I may be subject to disciplinary action under the TAFE Queensland Student Rules
5. I am responsible for keeping my contact details updated.
6. I must retain a copy of this dated and signed declaration form as evidence of my submission.

|   |  |      |  |
|---|--|------|--|
| Student Signature   |  | Date |  |
| Parent/Guardian's Name<br>(If student is under 18 years)      |  |      |  |
| Parent/Guardian's Signature<br>(If student is under 18 years) |  | Date |  |

Issues may arise beyond TAFE Queensland's control which affects its ability to deliver courses. Whilst every effort will be made to conduct all courses as advertised, TAFE Queensland reserves the right to change or otherwise revise any course-related issues including courses offered, class timetables, class locations and teacher allocations. TAFE Queensland will make every reasonable attempt to advise students of any changes made to their selected course. The details in this document are correct at the time of printing.

**OFFICE USE ONLY**

|  |   |
|--|---|
| Date application received  |   |
| Date processed   | Processed By  |
| Student sent letter of acknowledgment                                      | Date  |
| Census Date  |   |
| Outcome of application   | <input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Not applicable (withdrawn) |
| Date of decision:  |   |
| Was further action taken in respect of this application ?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Details:   |   |
| If not approved, the student is to be advised of their avenues for appeal. |   |
| Student record in SMS updated  | <input type="checkbox"/> Yes  |
| Academic Intervention Meeting  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                       |
| Date of meeting  |   |

**APPROVALS****COURSE COORDINATOR**

Approved    Not Approved

Reason for not approved

If approved, meeting date with student

(A meeting is required to review the course of completion and undertake study plan with returning student)

Signature

Date

Name