



Training Course Transfer Form - NZ

Version 1. Issue Date: 1 December 2015

NZRA requires 48 hours notice prior to the course commencement date for any transfers. There is no refund of money for courses not attended where NZRA has not been advised as above.

**Fees Applicable for Transfers * Transfer fee of 10% applies where applicable and (unless otherwise stated or approval from AUSTSWIM has been sought and approved prior to this form being lodged).*

CANDIDATE DETAILS					
First Name:		Surname:			
Address:					
Suburb		State		Postcode	
Phone No:		Home		Work	
				Mobile	
COURSE CANDIDATE WISHES TO TRANSFER FROM (Please tick your requested transfer) I wish to Transfer from					
<input type="checkbox"/> Teacher of Swimming & Water Safety Course <input type="checkbox"/> Teacher of Infant and Pre-school Aquatics <input type="checkbox"/> Teacher of Access and Inclusion			<input type="checkbox"/> Teacher of Adults <input type="checkbox"/> Teacher of Towards Competitive Strokes <input type="checkbox"/> Professional Development Workshop		
ORIGINAL PAYMENT METHOD & COURSE INFORMATION					
Course Code:		Course Date:		Venue:	
Payment Method (Please tick correct method): <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Web <input type="checkbox"/> Purchase Order				Payment Date:	Amount Paid:
IF TRANSFERRING TO ANOTHER COURSE (Please state below the Course you wish to transfer to)					
Course Code:		Course Date:		Venue:	
REASON FOR TRANSFER (Eg: Medical)					
FEES APPLICABLE TO TRANSFER (Please tick applicable box)					
<input type="checkbox"/> I acknowledge that there is a 10% transfer fee applicable <input type="checkbox"/> I request the transfer fee be waived and have attached a Medical Certificate <input type="checkbox"/> An approval from AUSTSWIM has been sought prior to this form being lodged for approval of the transfer fee to be waived					
_____			_____		
Applicant Signature			Date		
PAYMENT METHOD (Please fill in preferred Payment Method)					
Enclosed is a Cheque / Money Order for \$					
CREDIT CARD DETAILS					
Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa					
Credit Card Number _____/_____/_____/_____			Expiry Date ___/___		
Card Holder's Name (Please Print)			Signature		Date
OFFICE USE ONLY					
Amount Refunded: \$			Type of Refund:		
Approved By:		Date Approved:		Processed By:	Date Processed:

PLEASE RETURN FORM TO

AUSTSWIM Aotearoa PO Box 619, Kaitaia, 0441

Phone: 0508 AUSTSWIM Fax: (09) 409 4659

Email: info@austswim.co.nz

Web: www.austswim.co.nz