

Training Course Transfer Form

Version 4. Issue Date: December 2015

AUSTSWIM requires **48 hours notice prior** to the course commencement date for any transfers. There is **no refund** of money for courses not attended where AUSTSWIM 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):				Payment Date:	Amount Paid:
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Web <input type="checkbox"/> Purchase Order					
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:	

PLEASE RETURN FORM TO THE AUSTSWIM BUSINESS CENTRE IN YOUR STATE:

AUSTSWIM NSW
BUSINESS CENTRE
PO Box 6241 Baulkham Hills BC
NSW 2153
Ph: 1300 885 666 or
(02) 9894 2077
Fax: (02) 8078 4254
Email: nsw@austswim.com.au

AUSTSWIM QLD
BUSINESS CENTRE
PO Box 631 Capalaba
QLD 4157
Ph: 1300 885 666 or
(07) 3245 3595
Fax: (07) 3390 3965
Email: qld@austswim.com.au

AUSTSWIM SA
BUSINESS CENTRE
PO Box 321 Henley Beach
SA 5022
Ph: 1300 885 666 or
(08) 8354 0873
Fax: (08) 8353 3930
Email: sa@austswim.com.au

AUSTSWIM WA
BUSINESS CENTRE
PO Box 491 Leaderville
WA 6014
Ph: 1300 885 666 or
(08) 6272 0477
Fax: (08) 62720474
Email: wa@austswim.com.au

AUSTSWIM VIC & TAS
BUSINESS CENTRE
Po Box 466 Ringwood
VIC 3134
Ph: 1300885 666 or
(03) 9870 4496
Fax : (03) 8456 6749
Email : vic@austswim.com.au

