Training Course Transfer Form - NZ

Version 2. Issue Date: 1 October 2018

Outside The Box Consulting requires 48 hours notice prior to the course commencement date for any transfers.

There is no refund of money for courses not attended where Outside The Box Consulting 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

☐ **Teacher of Swimming & Water Safety Course**	☐ **Teacher of Adults**
☐ **Teacher of Infant and Pre-school Aquatics**	☐ **Teacher of Towards Competitive Strokes**
☐ **Teacher of Access and Inclusion**	☐ **Professional Development Workshop**

ORIGINAL PAYMENT METHOD & COURSE INFORMATION		
Course Code:	**Course Date:**	**Venue:**
Payment Method (Please tick correct method): ☐ Credit Card ☐ Cheque/Money Order/Cash ☐ Web ☐ 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)

☐ I acknowledge that there is a 10% transfer fee applicable

☐ I request the transfer fee be waived and have attached a Medical Certificate

☐ An approval from AUSTSWIM has been sought prior to this form been 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 ☐ Mastercard ☐ 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:**

PLESE RETURN FORM TO

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Email: info@austswim.co.nz
Web: www.austswim.co.nz