

Training Course Transfer Form

Version 3. Issue Date: 14 March 2014

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 5% 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"/> WETS Aqua Instructor Course				<input type="checkbox"/>					
<input type="checkbox"/>				<input type="checkbox"/>					
<input type="checkbox"/>				<input type="checkbox"/>					
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 5% 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 THE AUSTSWIM BUSINESS CENTRE IN YOUR STATE

AUSTSWIM NSW
BUSINESS CENTRE
PO BOX 6241
Baulkham Hills 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 VIC
BUSINESS CENTRE
PO Box 466
Ringwood VIC 3134
Ph: 1300 885 666 or
(03) 9870 4496
Fax: (03) 8456 6749
Email: vic@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
Leederville WA 6902
Ph: 1300 885 666 or
(08) 9328 2115
Fax: (08) 6272 0474
Email: wa@austswim.com.au

