Transfer Between Providers

Use this form if you wish to transfer between registered providers, to or from Mindroom Innovation.

Please fill in all the tables below except the last one titled "For office use".

Student details

First name	
Surname	
Email	
USI	
Telephone	
Mobile	
Address in Australia	
Overseas address	
Postal address	
Agent details (if applicable)	
DOB	
Gender	
Nationality	
Visa end date	

Current enrolment

Course name and code	
Course start date	
Course end date	
Next course (if applicable)	
Next course start date	
Next course end date	
Name of current RTO	
RTO code	
RTO CRICOS code	

Requested change

Name of RTO you wish to transfer to	
New RTO code	

New RTO CRICOS code	
New course name	
New course code	
New course start date	
New course end date	
Do you have/require a letter of release?	
Do you have/require a letter of offer?	
Have you completed 6 months of your principal course (last enrolment)?	
Are you attaching any other supporting documents with this application?	
Reason for change	

Student declaration:

☐ I declare that the information contained in this form and attached to is true and correct and that all documents are genuine.

Date: _____

Signature: _____

Office use only	
Application received by	
Application reviewed by	
Outcome	
Reason (if declined)	
Actioned in (i.e. PRISMS, aXcelerate)	
Student advised	
Agent advised	
Trainer advised	
Approver signature	
Approval date	