# LEARNER Cancellation/Withdrawal Form – VET FEE-HELP

## Where to return this form
Please return the completed form to your nearest Smart City Vocational College office. Before submitting this form, you should discuss your options with your trainer or any other Smart City representative. Contact details can be found at [www.smartcitycollege.edu.au](http://www.smartcitycollege.edu.au)

For the purpose of this form, Cancellation shall also mean Withdrawal.

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This form is to be used only when a LEARNER has requested to cancel. Once completed by the learner, this form should remain on the learner’s file. Please use the internal cancellation/debt reversal form to process this cancellation internally.

## Learner details

| Name: __________________________________________ | Mobile No: __________________ |
| Home address: __________________________________ | Postcode: __________________ |
| Postal address: ________________________________ | Postcode: __________________ |
| Email: _________________________________________ | OR Date of birth: ______________ |

| Start Date: | End Date: |
| Course Advisor: | Current mode of study: □ Campus □ Distance/On-Line |

### QUALIFICATION (please circle):
- Diploma of Business
- Diploma of Horticulture
- Diploma of Counselling
- Diploma of Digital & Interactive Games

## Options Discussed -
- Mentoring/Distance/Distance with Campus access

## CANCELLATION details

| DATE OF CANCELLATION: ____________________________ |
| Reason for cancellation: __________________________ |

Before 1st census □ After 1st census □ Before 2nd census □ After 2nd census □ Before 3rd census □ After 3rd census □

Before 4th census □ After 4th census □

I am aware of my rights and any debt that may apply as outlined in the Higher Education Support Act 2003, VET Guidelines and the VET FEE-HELP Information Booklet and agree to cancel/withdraw from the program.

Learner’s signature: ____________________________ Date: ____________

(if the learner is under 18 years, the parent or guardian who signed enrolment form must also sign this cancellation)

Parent or guardian’s name (please print): ____________________________

Parent or guardian’s signature: ____________________________ Date: ____________

Campus Manager name: ____________________________

Campus Manager signature: ____________________________ Date: ____________