

EXTENSION REQUEST



PURPOSE

When first enrolled in your course, a Confirmation of Enrolment was issued, listing your commencement date and nominated end date. An end date is the nominated date your ACCCO enrolment time is finished. If the end of your enrolment date is approaching, or your end date has already past and you wish to continue with your studies, you will need to apply for an extension to maintain your enrolment with ACCCO. Failure to provide an extension will result in an automatic cancelling of your enrolment which will result in you being withdrawn from your course. This document is for domestic and international students.

SUBMITTING THE EXTENSION REQUEST

Please forward your completed Extension Request form to your nominated Trainer Assessor.

Student name			
Postal address			
Date of Birth		USI	

QUALIFICATION

CHC22015 Certificate II in CS	CHC50113 Diploma of ECEC
CHC30113 Certificate III in ECEC	CHC50213 Diploma of SAEC
CHC30213 Certificate III in ES	CHC50113 Primary Teacher Bridging Program
CHC40113 Certificate IV in SAEC	CHC602015 Advanced Diploma of CSM
CHC40213 Certificate IV in ES	Other:

MODE OF STUDY

Apprenticeship/Traineeship*	External	Classroom	International^
<i>* If you are a Trainee or Apprentice, you will need to contact your Trainer Assessor to obtain a Trainee/Apprentice Extension Request Form</i> <i>^If you are an international student you are required to notify the Department of Immigration and Border Protection (DIBP) of your updated enrolment status.</i>			

COMPLETION DATE

What is your current end date?	Date:	Not sure
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LENGTH OF EXTENSION TIME REQUESTED

1 Month	3 Months	6 Months
This is my first request for an extension to my enrolment	Yes	No
This is my second time in requesting an extension.	Yes	No
How many units do you have left to complete?		

REASON FOR EXTENSION REQUEST

Please provide a brief explanation of why an extension to your enrolment is required.

STUDENT DECLARATION

- ✓ I understand that this form does not automatically guarantee and extension will be granted.
- ✓ I understand that ACCCO will consider up to two requests for extensions. A third extension request, may incur a re-enrolment application fee.
- ✓ I understand that if my extension request is declined, my enrolment will be cancelled and I will be withdrawn from the course.
- ✓ I agree to make progress during the extension timeframe, in alignment to the negotiated study schedule.

Student name			
Student Signature		Date	

EXTENSION REQUEST



TRAINER ASSESSOR SECTION:

This section is to be completed by the nominated Trainer Assessor after the student has completed page 1.

Student name		
Trainer Assessor name		
How many units have been completed to date		
How many units are yet to be completed		
Do you believe that the student will be able to complete the remaining units within the extension timeframe requested or will a further extension be required.	Yes	No
Has the end date already expired?	Yes	No
For Trainees/Apprentices: Have you completed and forwarded the DETE extension application to the Apprenticeship Coordinator	Yes	No*
For international students: PRISMS has been updated	Yes	No^
*If no, please notify the Apprenticeship Coordinator		
*If no, please contact the International Manager		

Revised training schedule:

When revising the training schedule, please ensure that realistic dates are established, setting the learner up for success. Include dates next to units that are to be completed within the extension timeframe. For additional units that may require an additional extension, please note for each relevant unit, *pending further extension approval*.

Units yet to be completed	Revised Start Date	Revised end date
For Trainees/Apprentices: Have you amended the Training Plan to reflect the revised start and end dates for each remaining unit to be completed.	Yes*	No**
	<i>*Please ensure a copy is provided to the Apprenticeship Coordinator</i>	<i>*If no, please complete and forward to the Apprenticeship Coordinator</i>
How will you be monitoring the progression of the student during the extension period? Please list the strategies and the proposed contact dates, including the modes of contact (<i>for e.g. phone, email, workplace visit</i>)		
Trainer Assessor signature		Date

Document Title	Version	Date	Author
Extension Request Form	v1.1	25/10/2016	Compliance Manager