

Cessation of Training Form



Family Name:		First Name:	
Student ID:		Date of Withdrawal:	
Qualification/Course Code:			
Qualification/Course Title:			
Workplace (if trainee or apprentice)			

I wish to withdraw from the above course that I am currently enrolled in with Sechi Hair Academy. I wish to withdraw for the following reason:

Please attach additional page/s if required.

Have any of your contact details changed since you last advised us of them? Yes No *If Yes, please provide below.*

Home Address:			
Suburb:			
Postcode:		Home Phone:	
Mobile:		Work Phone:	
Email Address:			

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Student:	
Student Name:	
Student Signature:	
Date:	

Employer/Workplace <i>(only required for trainees and apprentices)</i>	
Employer Name:	
Employer Signature:	
Date:	

Please forward this completed form to our office. Upon receipt of this form, you will be withdrawn.

Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved. This statement cannot be provided until all outstanding fees have been paid.

If competencies have not been attained, no further notification of withdrawal will be provided by Sechi Hair Academy unless specifically requested.

If you wish to apply for a refund or for consideration of a reduction in outstanding fees, an application must be made in writing to our office using the Refund Application Form. Please refer to our Fees, Charges and Refund Policy for complete details.