



Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to: Orange College Pty Ltd – Level 6, 416–420 Collins Street Melbourne Victoria 3000. Telephone: +61 3 9670 2985 Mobile +61 488 267 496 | Email: info@orange.edu.au | Website: www.orange.edu.au

General Details

Family Name (Surname): _____ Given Name(s): _____
Sex: M F Other, please specify: _____ Student ID: _____
Mobile: _____ Nationality /Citizenship: _____
Email Address: _____
Intake Number: _____ Course: _____

New Provider Details

Name: _____ Trading Name (if different from Company name): _____
SCRICOS Number: _____ Course: _____
Email: _____ Website: _____
Phone Number: _____ Mobile Number: _____ Fax: _____
Address: _____
City / Suburb: _____ Postcode: _____

Section 1

I request a Transfer of Provider for following reasons: (Attach any supporting documentation)

_____ =
Acknowledgement
I understand and acknowledge that this Transfer of Provider request will be processed in accordance with OIC Transfer of Provider Policy. Notwithstanding, should my request be denied, I shall have 20 days to access the Complaints and Appeals process.
Print Name: _____ Signature: _____



Office Use Only

Authorisation for Processing

Checklist:

- Does the student have a Valid Letter of Offer?
Does the student have any outstanding fees or charges?
Has the student been maintaining good academic progress and attendance?
Has the student been informed of their requirement to contact DOHA?
Has the student been counselled on their request?

Letter of Release

Letter of Release Issued:
Sent by:
Date:
Signature:

Obligations

DHA Informed
OIC Obligations End:
Date:

Appeal of Decision

Appeal Lodged:
CAF Number:
Date:
Signature:

Comments:

Four horizontal lines for entering comments.

Sent by:
Signature: