

Notification of Suspension of Studies

Student Name: _____
Student Address: _____
Employer Name: _____
Training Consultant's Name: _____
Course: _____

I wish to suspend my studies with TLC Training Solutions.

This will take effect on ____ / ____ / ____ and recommence on ____ / ____ / ____.

Total time of suspension will be _____ months. (A suspension will only be granted for up to 6mths)

I am suspending my studies for the following reason/s:

I understand my employer will be notified of my notification of suspension. Should I require an extension beyond 6mths I understand an additional fee of \$250 will be charged to my account.

Trainees and Apprentices must discuss any suspension with their employer and DETE.

Student Signature: _____ Date: ____ / ____ / ____

Once TLC Training Solutions has received this form, it will be processed and you will receive a letter regarding your suspension. Once your time of suspension is complete, we will call you to discuss re-commencement of your studies and develop a new training plan.

*Please return this form to TLC Training Solutions
PO Box 508 Browns Plains BC QLD 4118
Or to your Training Consultant*

| <i>Office use only</i> | <i>Tick</i> | <i>Staff Initial</i> | <i>Date completed</i> |
|--|--------------------------|----------------------|-----------------------|
| Notification of Suspension of Studies received | <input type="checkbox"/> | _____ | ___ / ___ / ___ |
| Suspension of Studies updated on database | <input type="checkbox"/> | _____ | ___ / ___ / ___ |
| Letter of suspension sent to student | <input type="checkbox"/> | _____ | ___ / ___ / ___ |
| Letter of suspension sent to employer | <input type="checkbox"/> | _____ | ___ / ___ / ___ |