

COURSE TRANSFER REQUEST FORM

OHSA OCCUPATIONAL HEALTH SERVICES AUSTRALIA

OHSA Occupational Health Services Australia Pty Ltd
[ACN: 099 344 822]

TRANSFER REQUEST FORM

Transfer and Cancellation Policies

A maximum of two changes can be made to course dates.

1. Notice Period for Transfer:

- For transfers within SEQ Qld, I understand the request must be made at least two (2) business days prior to the original course commencement.

☐ *I understand and agree.*

- For transfers outside SEQ Qld, I understand the request must be made at least five (5) business days prior to the original course commencement.

☐ *I understand and agree.*

2. Transfer Fee:

- I acknowledge that a \$50 (plus GST) administration fee applies for each transfer request.

☐ *I understand and agree.*

3. Non-Attendance:

- I understand that no refund, transfer, or reduction of fees will be provided for non-attendance.

☐ *I understand and agree.*

4. Online / Distance Learning Courses:

- I understand that transferring from an online course to a face-to-face course may incur additional fees.

☐ *I understand and agree.*

Acknowledgement

- I have read and understood the OHSA course cancellation and refund policy and acknowledge that it will be considered when processing my request.

☐ *I understand and agree.*

OHSA / COURSE TRANSFER REQUEST FORM

CUSTOMER DETAILS			
Student Name:			
Company Name:			
Email:			
Date:			
Signature:			
Transfer Reasons:	<input type="checkbox"/> Course cancelled <input type="checkbox"/> Dates not suitable <input type="checkbox"/> Other- please give reason below;		
Reason:			
CURRENT COURSE DETAILS			
Name Of Current Course:		Date of Course	
Location:		<input type="checkbox"/> GC <input type="checkbox"/> BNE <input type="checkbox"/> ZOOM <input type="checkbox"/> ONLINE <input type="checkbox"/> Other	
Date Paid:			
Amount Paid:			
NEW COURSE DETAILS			
Name Of New Course:		Date of Course	
Location:		<input type="checkbox"/> GC <input type="checkbox"/> BNE <input type="checkbox"/> ZOOM <input type="checkbox"/> ONLINE <input type="checkbox"/> Other	

Submission Instructions

Return the completed and signed form to info@ohsa.com.au

OFFICE USE ONLY:			
Process Date		Processed By	