

# 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	
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 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	<b>Student Details</b> Name: Email: Mobile:
Date Paid:	
Amount Paid:	

NEW COURSE DETAILS	
Name Of 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	<b>Student Details</b> <input type="checkbox"/> Same as above Name: Email: Mobile:

## Submission Instructions

Return the completed and signed form to [info@ohsa.com.au](mailto:info@ohsa.com.au)

OFFICE USE ONLY:	
Process Date	Processed By