

Leave of Absence Application Form

PART A – STUDENT DETAILS

Student name		Phone Number <i>(Land & Mobile)</i>	
E-mail Address			
Address			
Period of Leave Requested (DD/MM/YYYY – DD/MM/YYYY)			
Do you have any outstanding units to complete?			
<i>Module title(s) and code(s)</i>			

PART B: REASONS FOR YOUR REQUEST

<input type="checkbox"/>	Serious illness or injury (attach medical certificate)
<input type="checkbox"/>	Bereavement of family or another traumatic experience (attach supporting evidence. e.g. a letter from a counsellor)
<input type="checkbox"/>	Unusual course structure (supporting statement required from College on the reverse of this form)
<input type="checkbox"/>	Other (please specify):

<input type="checkbox"/>	The information provided by me is true and correct
<input type="checkbox"/>	I have read and understand the information overleaf
<input type="checkbox"/>	I have obtained College approval for my application
<input type="checkbox"/>	I have attached supporting documents as required by the form
Student Signature _____	Date _____

PART D: INFORMATION FOR STUDENTS

Once Southern Institute of Early Learning & Leadership has received all required information, you should allow seven working days for processing of an application.

How to complete and submit this form:

1. Complete the form as follows:
 - Complete Part A and Part B to request Leave of Absence, and
 - Complete Part C: Student Agreement section
2. Obtain approval from your College (usually your DOS or Course coordinator)
3. Attach supporting documentation to the form, as required by Part B and C. For example:
 - A doctors certificate to support illness or injury
 - A copy of a study plan from your College, where you have been identified as at risk of making unsatisfactory progress
 - A copy of your up-to-date overseas health cover card.
4. Submit the form to Southern Institute of Early Learning & Leadership (see address details below)

Other important information you need to know:

- SIELL can only approve a request for a Leave of Absence, in Limited circumstances.
- Leave of absence may only be approved on grounds of medical illness or exceptional compassionate circumstances and only for one semester.

This is in line with Visa requirements.

- You must leave Australia within 28 days after the leave of absence has been approved.
- You must not return to Australia until your approved leave of absence is finished.
- Your application must be authorised by the Student Services Officer responsible for your course.

COLLEGE USE

To be completed by relevant faculty/school staff (e.g. program manager/course coordinator). Please note as required by the National Code 2007, international students must be in a position to complete within their expected course duration. A Leave of Absence can only be granted in the limited circumstances outlined on this form. A leave of Absence for unsatisfactory progress purposes can only be approved where an intervention strategy has been implemented.

Email Info@SIELL.edu.au for further details.

Application approved? **YES** **NO**

Supporting Statement:

STUDENT DECLARATION

I confirm that I have been made aware of and that I understand the possible implications of taking a leave of absence. I confirm that I have read the *Student Handbook: Guide to the Leave of Absence Academic Policy* (available at www.SIELL.edu.au) and consulted student services.

I confirm that I am aware of and understand that it is my responsibility to either
 1/ re-register at the end of my leave of absence period or
 2/ apply for a second leave of absence before the end of my first leave of absence period.

I confirm that to the best of my knowledge I am not involved in a pending disciplinary action.

The information given in this form is true and factually correct. I confirm that this information may be disclosed, where necessary, to academic and administrative staff of the college involved in determining and implementing my request.

Print name:

Signed:

Date:

PRIVACY STATEMENT

Southern Institute of Early Learning & Leadership is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation, including the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the Education Services for Overseas Students Act 2000. Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Southern Institute of Early Learning & Leadership holds about you.

Application approved: YES NO **Date of decision:**