

## Application for Leave

**Note:**

- No request for leave will be processed until this form is fully completed.

Please tick (✓) the relevant information

### Section 1: Personal Details

Title: Mr.  Mrs.  Ms.  Miss       Sex: Male  Female       Date of Birth: \_\_\_/\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address:

Suburb/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email Address: \_\_\_\_\_ Campus: \_\_\_\_\_

Course in which currently Enrolled: \_\_\_\_\_ Course Code: \_\_\_\_\_

### Section 2: Period of Leave required

Dates for leaves: From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_ Total no. of days: \_\_\_\_\_

Reason for Request:

I have attached Supporting Documents of my request with this application

### Section 3: Student Declaration

I, \_\_\_\_\_ (Applicant) hereby declare that the information contained in this application is true. The choice to change the course/intake/campus is mine, I understand that AHMI will issue me a new CoE(s) and there may be associated fees which I agree to pay.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Office Use Only

Assessing Staff Name: \_\_\_\_\_ Associated Fees (if any): \_\_\_\_\_

Comments:

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Outcome: Approved  Decline       Student advised by: Email  Phone

Update PRISMS: Yes  No       Update RTO Manager: Yes  No

### Application Submission (Sending to AHMI)

AHMI Sydney Campus:  
 43 Marion Street, Parramatta NSW 2150  
 Phone: +61 2 9687 3323  
 Email: sso@ahmi.edu.au

AHMI Canberra Campus:  
 Suite 21-23, Level 2, 54 Benjamin Way, block 1, section 50,  
 Belconnen, ACT 2617  
 Phone: +61 2 9687 3323 Email: sso@ahmi.edu.au