

Student Notification of Non Attendance Form

This form is to be completed by a student when they have not been able to attend their scheduled classes because:

They were ill Incapacitated OR Affected by a Critical Incident

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to reception@mcohb.edu.au otherwise we may not be able to contact you with important information.

Applicant Details

Student ID: _____ Date of Birth: _____
Family Name (as per enrolment registration): _____
Given Name (as per enrolment registration): _____
Phone: _____ mobile phone: _____ student email: _____

Course enrolment Details

Course code: _____ Course title: _____
Has the course already commenced? YES NO
Course start date: _____ Course finish date: _____

What is the reason / circumstance for Non-attendance?

- Family/Personal Medical Reason/s
- Traumatic experience e.g. Critical incident: involved in accident, affected by storms or natural disasters; (local in Australia)
- Other compassionate and compelling circumstances OR Traumatic experience whilst studying (Please specify): _____

Medical Certificate details (if applicable)

Name of Doctor/Medical Clinic	Date medical absence commenced	Date medical absence finished	Date medical certificate issued

Please list classes missed during your medical certificate period(s). Please make sure you advise your teachers of your medical certificate. (If more space is needed use back of page)

Scheduled Class Day	Scheduled class time/s

Student declaration:

I declare that the above information is true and correct. I acknowledge that withholding information or providing incorrect information may delay processing of the application and breach my Visa conditions.

I understand that completing this form does not guarantee MCOHB will **NOT** take actions in accordance with the ESOS Act, NVR Act (2011), National Code of Practice for Providers of Education and Training to Overseas Students 2018 and/or The Standards for RTOs 2015.

I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (CRICOS Standards), within 20 working days of this application not being approved.

Student signature:

Date of application:

Office use: *N.B Applications MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation if applicable.*

Required evidence attached YES NO

Examples of required evidence: airline tickets departure & return if student is required to return home, medical certificate.

Approved: YES NO

If not approved why?

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Student file updated:

YES

NO

Date updated:

MCOHB staff member who updated student file:

Staff member name:

Students' education agent notified:

YES

NO

If Yes: Date notified:

Method education agent notified:

Letter

email