



## AUSTSWIM Course Transfer Form

AUSTSWIM requires **48 hours notice prior** to the course commencement date for any transfers. There is **no refund** of money for courses not attended where AUSTSWIM has not been advised as above.

*\*Fees Applicable for Transfers \* Transfer fee of 10% applies where applicable and (unless otherwise stated or approval from AUSTSWIM has been sought and approved prior to this form being lodged).*

CANDIDATE DETAILS					
First Name:		Surname:			
Address:					
Suburb		State		Postcode	
Phone No:		Home		Work	
				Mobile	
COURSE CANDIDATE WISHES TO TRANSFER FROM (Please tick your requested transfer)					
<input type="checkbox"/> I wish to Transfer from :					
<b>Teacher of Swimming &amp; Water Safety Course</b>			<b>Elective &amp; Professional Development Course</b>		
<input type="checkbox"/> Full Teacher of Swimming & Water Safety Course <input type="checkbox"/> CDROM Teacher of Swimming & Water Safety Course <input type="checkbox"/> CPR - Resuscitation			<input type="checkbox"/> Teacher of Infant and Pre-school Aquatics <input type="checkbox"/> Teacher of Aquatics to People with Disabilities <input type="checkbox"/> Teacher of Adults <input type="checkbox"/> Teacher of Towards Competitive Strokes <input type="checkbox"/> Professional Development Workshop		
ORIGINAL PAYMENT METHOD & COURSE INFORMATION					
Course Code:		Course Date:		Venue:	
Payment Method (Please tick correct method):				Payment Date:	Amount Paid:
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Web <input type="checkbox"/> Purchase Order					
IF TRANSFERRING TO ANOTHER COURSE (Please state below <u>the Course you wish to transfer to</u> )					
Course Code:		Course Date:		Venue:	
REASON FOR TRANSFER (Eg: Medical)					
FEES APPLICABLE TO TRANSFER (Please tick applicable box)					
<input type="checkbox"/> I acknowledge that there is a 10% transfer fee applicable <input type="checkbox"/> I request the transfer fee be waived and have attached a Medical Certificate <input type="checkbox"/> An approval from AUSTSWIM has been sought prior to this form being lodged for approval of the transfer fee to be waived					
PAYMENT METHOD (Please fill in preferred Payment Method)					
Enclosed is a Cheque / Money Order for \$					
CREDIT CARD DETAILS					
Card Type		<input type="checkbox"/> Mastercard		<input type="checkbox"/> Visa	
Credit Card Number			Expiry Date		
_____ / _____ / _____ / _____			__ / __		
Card Holder's Name (Please Print)			Signature		Date
OFFICE USE ONLY					
Amount Refunded: \$			Type of Refund:		
Approved By:		Date Approved:		Processed By:	
				Date Processed:	

PLEASE RETURN FORM TO THE AUSTSWIM BUSINESS CENTRE IN YOUR STATE:

**AUSTSWIM NSW  
BUSINESS CENTRE**  
PO Box 6241 Baulkham Hills BC  
NSW 2153  
Ph: 1300 885 666 or  
(02) 9894 2077  
Fax: (02) 9634 8262  
Email: [nsw@austswim.com.au](mailto:nsw@austswim.com.au)

**AUSTSWIM QLD  
BUSINESS CENTRE**  
PO Box 631 Capalaba DC  
QLD 4157  
Ph: 1300 885 666 or  
(07) 3245 3595  
Fax: (07) 3390 3965  
Email: [qld@austswim.com.au](mailto:qld@austswim.com.au)

**AUSTSWIM SA  
BUSINESS CENTRE**  
PO Box 321 Henley Beach  
SA 5022  
Ph: 1300 885 666 or  
(08) 8354 0873  
Fax: (08) 8354 0874  
Email: [sa@austswim.com.au](mailto:sa@austswim.com.au)

**AUSTSWIM WA  
BUSINESS CENTRE**  
PO Box 578  
Floreat, WA 6014  
Ph: 1300 885 666  
Fax: (08) 62720474  
Email: [wa@austswim.com.au](mailto:wa@austswim.com.au)