SPECIAL CONSIDERATION REQUEST FORM

Use this form if serious circumstances are affecting your studies and you want to ask for one or more of the following: an adjustment to your payment or study plan, a deferral, cancellation with a refund outside the Refund Period, or (if you pay by a VET Student Loan) a re-credit of your HELP balance.

CANCELLATION AND REFUNDS – STUDENTS PAYING UPFRONT

Under the *Fees, Charges and Refunds Policy and Procedure* and your Student Agreement:

- If you wish to end your studies before completing your course, you must tell us in writing using the *Course Cancellation Request Form*.
- If we receive your Course Cancellation Request Form within the Refund Period (10 calendar days from the Agreement Date, as defined in your Student Agreement) and you return all course materials in their original condition, we will refund the course fee you have paid, less the administration fee set out in the *Administration and Additional Fee Schedule*.
- **HLT52021 Diploma of Remedial Massage:** if you pay upfront and withdraw on or before the census day, you will receive a full refund of the tuition fees for that part of the course, with no administration fee (see the *Student Withdrawal Policy and Procedure*).
- **CHC51015 Diploma of Counselling:** the 30 Day Money Back Guarantee may also apply (see www.evolvecollege.com/Money-back-guarantee).
- Outside the Refund Period, no refund is available unless very compelling circumstances apply, i.e. extreme medical circumstances or personal hardship that require you to stop the course. Use this form to apply.

RE-CREDITING YOUR HELP BALANCE – VET STUDENT LOAN STUDENTS

If you paid for all or part of the HLT52021 Diploma of Remedial Massage with a VET Student Loan, you can use this form to ask us to re-credit your HELP balance for a part of the course you could not complete. Under the *Student Fees Re-crediting Policy and Procedure*:

- you must apply within 12 months after the census day for that part of the course (or after the end of an extended period, if you deferred), unless we allow a longer period; and
- you must show special circumstances that were beyond your control, did not make their full impact on you until on or after the census day, and made it impracticable for you to complete the requirements of that part of the course.

HOW TO APPLY

- Complete this form and email it, with all supporting evidence, to our Administration team at evolve@evolvecollege.com. **Applications without evidence will not be considered.** Examples of acceptable evidence are on page 3.
- We will give you an initial response within 14 days of receiving your request. If a refund is approved, we will ask for your bank details and pay the refund within 7 days of receiving them.
- **Refunds outside the Refund Period are an exception and are not guaranteed.** They are decided at Evolve College's discretion.
- No refund is available to a student who: remains enrolled and does not meet the minimum completion requirements in their Student Agreement; does not comply with the terms and conditions of enrolment, including Evolve College policies and procedures; or provides false or misleading information.

IF YOU DISAGREE WITH OUR DECISION

You may appeal any decision under the *Complaints and Appeals Policy and Procedure*. If we refuse to re-credit your HELP balance, we will send you a *VSL Reviewable Decision Notice* explaining how to ask for the decision to be reviewed (within 28 days) and how to apply to the Administrative Review Tribunal after that review. All documents are at www.evolvecollege.com/policies.

Privacy: We collect the information on this form, including any health information, only to assess your request. It is stored securely, seen only by staff who need it, and handled in line with our *Privacy Policy and Procedure*, available at www.evolvecollege.com/policies.

STUDENT DETAILS			
Date:			
Given name/s:		Family name:	
Student ID:		Date of birth:	(dd/mm/yyyy)
Course name:		Date of enrolment:	
Street address:			
Suburb:		Postcode:	
Mobile:		Email:	
How you paid:	☐ Upfront / instalments ☐ VET Student Loan ☐ Both		
Fees paid upfront:	$	Date paid:	

REQUEST FOR SPECIAL CONSIDERATION
My request is because of (tick all that apply): ☐ Medical diagnosis/condition ☐ Personal hardship ☐ Other special circumstances (e.g. family, employment or course-related)
My circumstances are (please describe, including when they began and when they started to affect your studies; attach additional sheets if necessary):
How long do you expect the circumstances to continue?
I am seeking the following (tick all that apply): ☐ Alternative payment or study plan ☐ Deferral (maximum 6 months) ☐ Cancellation ☐ Refund of fees paid upfront ☐ Re-credit of my HELP balance (VET Student Loan) Census day(s) / part of course affected: _____
List the supporting evidence attached (e.g. medical reports or certificates). See page 3 for examples. Attach additional sheets if necessary.

STUDENT DECLARATION	
By signing below, you declare that:	I have read the conditions on this form and the information I have provided is correct and complete. I understand that any course cancellation must comply with the terms and conditions of enrolment set out in my Enrolment Form and Student Agreement.
Signature:	
Date:	

EXAMPLES OF SUPPORTING EVIDENCE	
Type of circumstances	Evidence
Medical diagnosis/condition	Medical certificate from a registered doctor or medical specialist stating the condition, when it was diagnosed, its expected duration and outcome, and how long the doctor has been seeing you
	Written report from a psychologist or psychiatrist stating the condition, when it was diagnosed, its expected duration and outcome, and how long they have been seeing you
	Hospitalisation evidence (e.g. admission or discharge reports)
	Letter from your insurer showing insurance claims
Personal hardship	Court or legal documents
	Police report
	Other documents showing serious, ongoing hardship
Other special circumstances	Letter from your employer, a death certificate or funeral notice, or other documents showing the circumstances and when they began

OFFICE USE ONLY	
Sufficient, valid, authentic and current supporting evidence supplied:	☐ YES ☐ NO
Approved:	☐ YES ☐ NO
If refund approved, amount:	$
If HELP re-credit approved, amount and census day(s):	$
Reason:	
Date response sent to student:	
Executive Manager Operations signature:	
Executive Manager Governance & General Counsel signature:	

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Related documents: Fees, Charges and Refunds Policy and Procedure, Student Fees Re-crediting Policy and Procedure, Student Withdrawal Policy and Procedure, Administration and Additional Fee Schedule, Complaints and Appeals Policy and Procedure, VSL Reviewable Decision Notice, Privacy Policy and Procedure.