SRI11 REQUEST FOR WITHDRAWAL
Please complete using BLOCK letters

If you wish to withdraw your application from the VETASSESS Skills Assessment process, you must complete this form. Payment can be made by credit card or bank draft; we do not accept cash payments in person, posted or paid into a bank account. Please refer to the refund and withdrawals policy at www.vetassess.com.au via the *Fees and Payments* page. You can return this form by post or fax or as a scanned email from an authorised email to tradeassess@vetassess.com.au

APPLICANT FAMILY NAME (surname):											
APPLICANT GIVEN NAME/S:											
DATE OF BIRTH(dd/mm/yyyy):	/ /	File No:									

I, _____, the above named applicant/the authorised agent for the above named applicant, hereby request an Withdrawal of this case (select one only):

☐ **Withdraw from Training and Employment check**
☐ **AUD$ 110.00** inc GST* ☐ **AUD $100.00** ex GST*

☐ **Withdraw from a Technical Interview/ Practical Demonstration within 6 weeks prior to scheduled assessment**
☐ **AUD$ 110.00** inc GST* ☐ **AUD $100.00** ex GST*

☐ **Withdraw from a Technical Interview/ Practical Demonstration within 6 to 2 weeks prior to scheduled assessment**
☐ **AUD$ 550.00** inc GST* ☐ **AUD $500.00** ex GST*

☐ **Withdraw within 2 weeks of change of venue**

** Goods and Services Tax (GST) is a broad-based tax of 10% on most goods, services and other items sold or consumed in Australia. You must include appropriate GST exemption advice if claiming you are outside of Australia at time of application. See www.vetassess.com.au for more information.*

REASON FOR WITHDRAWAL:

_____

_____

_____

Please include any information which may support your request. Extenuating circumstances will be considered on a case by case basis and must be supported with accompanying documents, for example, illness/accident – medical certificate, death of a close relative – statutory declaration.

Please confirm your current postal address and contact information:

TELEPHONE:		MOBILE:		FAX:	
EMAIL:					
POSTAL ADDRESS					

Payment must be made in Australian dollars. Bank cheques/drafts should be made payable to VETASSESS. Please complete the following payment section for Visa or MasterCard credit card payments.

I, _____ authorise VETASSESS to debit my credit card in the amount of AUD$_____ for the payment of my Request for Withdrawal.

Name of Cardholder: _____

Card number | | | | | | | | | | | | | | | | **Expiry Date:** / **Validation code:** | | |

Signature of Cardholder: _____

Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies may cause significant delays.

Mail to: Skills Recognition International
VETASSESS
5/478 Albert Street
East Melbourne VIC 3002
AUSTRALIA
Fax: +613 9655 4899