

BSBADM405B Organise meetings

Workshop / Program Cancellation Notice

To be completed by Trainer and Student.

Please note: After completing your details, please see your Trainer to complete and sign this form.

Student No/ID: _____
Surname: _____
First Name: _____
Address: _____
_____ Postcode: _____
Telephone: _____
Workshop Name: _____
Workshop Code: _____ Commencement Date: _____
Mode of Attendance:
Full time: Part time: Flexible Delivery:

Reason for cancellation:

- | | |
|--|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Transfer to another institute |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Dissatisfaction with course |
| <input type="checkbox"/> Work commitments | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Other (please specify): _____ | |

Date from which cancellation of the workshop to be effective: _____

Will you be completing the current chapter before cancelling: Yes No

Signature of Student: _____ Date: _____

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To be completed by the Trainer:

It is important to record the correct result for each competency the student was enrolled in.

Please indicate whether the student attended/did not attend training and, if they did attend, what the result was, e.g. C for completed or S for Satisfactory.

Please only include the competency units the student was enrolled in.

Unit Code	Unit Name	Training attendance	Result
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Signature of Trainer: _____

Date: _____