

VSL2.3: Application for Remission (Removal) of Debt in Special Circumstances

If a student withdraws from a Unit of Study after the census date for that Unit of Study and believes that special circumstances* apply to their withdrawal post census, they may request a remission of fees of their VET Student Loan (VSL) debt for that Unit of Study only. Students may not apply for remission of debt in special circumstances if they are currently enrolled with the College.

An application for remission of fees under special circumstances must be made to Casey College of Beauty Therapy within 12 months of the student's withdrawal date. Each application will be examined and determined on its merits by considering a student's claim together with independent supporting documentation substantiating the claim.

* Special Circumstances apply where:

- The circumstances were beyond the student's control**; and
- Did not make their full impact until on or after the census date; and
- Were such that it was impracticable for the student to complete the requirements of the Unit of Study

** Circumstances beyond a student's control are those for which the student is not responsible, are abnormal or unusual and not due to a student's action or inaction. Examples could include:

- Serious illness or injury
- Bereavement of close family members such as parents, siblings, or grandparents
- A traumatic experience which could include but is not limited to:
 - Involvement in or witnessing a serious accident
 - A serious crime was committed against the student
 - The student has been witness to a serious crime.

How to apply for a Remission of VSL debt under Special Circumstances

1. Complete then print the form below. Every field is mandatory.
2. Scan copies of all relevant documents or evidence which support your claim.
3. Sign then scan this application form.
4. Email all documents to Student Services at: support@caseycollege.com . If you have any questions please contact the college on 03 59959837.

| Section 1 – Personal Details | | | |
|---|---------------------------|--------------|---------------------------|
| Name: | Click here to enter text. | | |
| Contact Telephone: | Click here to enter text. | Date: | Click here to enter text. |
| Email: | Click here to enter text. | | |
| Qualification / Course: | Click here to enter text. | | |
| Section 2 – Details of special circumstances | | | |
| Please outline your circumstances by addressing all of the questions below. | | | |
| What are the Special Circumstances relating to your application? | | | |
| Click here to enter text. | | | |

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When did you become aware that you could not continue your studies?

Click here to enter text.

How did these Special Circumstances prevent you from continuing your studies?

Click here to enter text.

How were these Special Circumstances beyond your control?

Click here to enter text.

What is your desired Outcome?

- Re-crediting of Fees.
- Other. Please detail below.

Click here to enter text.

Section 3 – Supporting Documentation

To support your case you **MUST** provide (and attach) supporting documentation which includes:

- The date your circumstances began
- How your circumstances affected your ability to study

Please tick the type of supporting documentation you have attached to this application:

| | | | | | |
|---------------------|--------------------------|--|--------------------------|---------------------------------------|--------------------------|
| Medical Certificate | <input type="checkbox"/> | Statutory Declaration Outlining Circumstances | <input type="checkbox"/> | Counsellor/Psychologist Evaluation | <input type="checkbox"/> |
| Police Report | <input type="checkbox"/> | Letter from your Employer (on company letterhead) | <input type="checkbox"/> | Court or Legal Documentation | <input type="checkbox"/> |

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| | | | |
|--|--|--------------|--|
| Other: Click here to enter text. | | | |
| Section 4 – Declaration | | | |
| <input type="checkbox"/> I wish to apply for consideration of special circumstances as outlined in this form. | | | |
| <input type="checkbox"/> I declare that the information I have provided on this application is true and correct. | | | |
| Student Signature: | | Date: | |
| Section 4 – Student Support Services Manager Recommendation (Office use only) | | | |
| | | | |
| SSSM Signature: | | Date: | |
| Section 5 – RTO Manager Decision (Office use only) | | | |
| | | | |
| RTO Manager Signature: | | Date: | |