

Withdrawal Form



Institute of
Applied Psychology

Student Name:

Student ID:

Date of Withdrawal: / /

Course:

Workplace (if trainee or apprentice):

I wish to withdraw from the course I am enrolled in with the Australian Institute of Clinical Hypnosis (AICH). I wish to withdraw for the following reason:

Have your contact details changed since you last advised us of them? ☐ Yes ☐ No If yes, please provide below.

Home Address:

Suburb:

Postcode:

Tel (Home):

Tel (Work):

Mobile:

Email:

Student

Employer/Workplace

(only required for trainees and apprentices)

Signed:

Signed:

Printed Name:

Printed Name:

Date:

Date:

Trainees and apprentices: You may need to also complete a traineeship/apprenticeship cancellation form to cancel the agreement with the state training authority.

Please forward this completed form to our office. Upon receipt of this form, you will be withdrawn.

Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved. This statement cannot be provided until all outstanding fees have been paid in full.

If competencies have not been attained, no further notification of withdrawal will be provided by AICH unless specifically requested.

If you wish to apply for a refund or for consideration of a reduction in outstanding fees, an application must be made in writing to our office. Please refer to our Fees, Charges and Refund Policy for complete details.