## Leave of Absence Request Form

### About this form

This form is to be used by students to request a temporary suspension to their enrolment. Students may request to suspend their enrolment for a maximum duration of up to 12 months. To apply for a suspension to their enrolment, students must have a valid reason and be able to show supporting evidence to validate their reason for leave of absence *(i.e. medical certificate).*

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| **Students must obtain approval from their employer as suspension of studies may affect your eligibility for employment, or the current role (position) you may hold within the early childhood education and care profession.** i.e. if you are undertaking the Diploma course and you are working as a Lead Educator, if you suspend your studies you will no longer be able to work as a Lead Educator as you are not considered to be actively working towards your Diploma qualification**.** |

### Application

Complete all fields below and sign the declaration to apply for a suspension of enrolment. Please submit the completed and signed form *with supporting documentation* via email to [goodstart@goodstart.edu.au](mailto:goodstart@goodstart.edu.au). Leave of Absence applications will be processed within 10 business days.

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| --- | --- | --- | --- | --- | --- |
| **Student number** |  | **Unique Student Identifier (USI)** | | |  |
| **Student name** |  | | | | |
| **Mobile** |  | **Email** |  | | |
| **Course** |  | | | | |
| **Suspension details** | | | | | |
| **Proposed start date** |  | **Proposed end date** | |  | |
| **Reason for suspension** | Maternity leave  Parental leave  Illness/Surgery  Temporary disability/Workers Comp  Bereavement  Other (please detail): | | | | |
| **Additional comments to support suspension request** |  | | | | |
| **Evidence being supplied** | Medical Certificate  Bereavement Notice  Statutory Declaration  Copy of Accident Report  Letter from employer, practitioner or other professional  Other (please specify): | | | | |

#### Employer Approval / Declaration

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| --- | --- | --- | --- | --- | --- | --- |
| **Employer / Centre** |  | | | | | |
| **Centre Director Name** |  | | | | | |
| **Employer Phone Number** |  | **Employer Email** | |  | | |
| **Current Role of student** | Please select job role... | | If other, please specify: | | | |
| **Acknowledgment** | | | | | | |
| By signing below;   * I agree to my employee applying for a suspension from their studies; and * I acknowledge that I am aware of the impact of suspension of studies on the employment or current job role of the applicant; and * I confirm that during the period of the suspension the staff member will not be employed to undertake work in the Centre in which the qualification that they are enrolled into is a requirement; and * I acknowledge that whilst the student is suspended they are no longer considered to be actively working towards their qualification. | | | | | | |
| **Centre Director Signature** |  | | | | **Date** |  |

#### Student Declaration

I understand this form is used to request a Leave of Absence from my enrolment only and does not guarantee a suspension of my enrolment. I understand that a suspension of my enrolment will not take effect until the application is approved and I have been notified in writing of the approved suspension time frame.

I acknowledge that I will not undertake work in an Early Childhood Centre whilst my course suspended, if the job role I am employed for requires me to be actively undertaking study at that level.

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| **Student Signature** |  | **Date** |  |