



VET Teacher Training Program

Request for extension form

This form relates to VET Teacher Training for the NSW Department of Education, Catholic Schools NSW and The Association of Independent Schools of NSW.

Note: Requests will not be accepted within three (3) weeks of the course end date unless entirely unavoidable.

Teacher to complete

Teacher Student ID _____

Family name _____ First Name _____

Email address _____ School Sector _____

Course _____ Course end date _____

School principal to endorse that the teacher circumstances are extenuating and attach supporting documentation (refer below).
Extenuating circumstances are all of the following:

- unforeseen
- outside of the school sector and teacher controls
- exceptional
- short term
- directly related to the inability to complete in the enrollment period

Supporting documentation:

Medical Certificate

Statutory Declaration

Other Documentation (Please name)

Principal Name _____ School _____

Signature _____ Date _____

Form Submission:

1. School Principal is to email completed forms with supporting documentation to their diocesan RTO contact for consideration.

RTO Manager Name _____ Signature _____ Date _____

2. Diocesan RTO to forward application and supporting documents to **Catholic Schools NSW** (voced@csnsw.catholic.edu.au) for endorsement.

3. School sector to review, and if there is evidence that there are extenuating circumstances, email the suite of documents to the Training Provider with the subject line "Extension Request – [course name]."

4. Outcome to be provided by reply from the Training Provider.

Sector Endorser Name _____ Position _____

Signature _____ Date _____

** Note: Extension requests will be approved at the discretion of the RTO where extenuating circumstances are demonstrated*