



COLLINS INSTITUTE OF TRAINING

JR Education Group Pty Ltd

STUDENT FORMS PACK

Version 3.0 | Effective 1 March 2026 | Review March 2027

Forms in This Pack

- CIT-F01** — Refund Request Form *(Ref: PP-06 Fees, Payment and Refunds Policy)*
- CIT-F02** — Complaint and Assessment Appeal Form *(Ref: PP-07 Complaints and Appeals Policy)*
- CIT-F03** — Credit Transfer Application Form *(Ref: PP-04 Assessment Policy)*
- CIT-F04** — LLND and Learning Support Needs Form *(Ref: PP-02 Discrimination, Harassment, Diversity and Inclusion; PP-03 Student Support)*
- CIT-F05** — Enrolment Cancellation and Withdrawal Form *(Ref: PP-06 Fees, Payment and Refunds Policy; PP-01 Enrolment)*

| | |
|------------------------------|--|
| RTO | JR Education Group Pty Ltd T/A Collins Institute of Training |
| Address | 13-15 Normanby Avenue, Sunshine West VIC 3020 |
| Email | info@collinsinstituteoftraining.com.au |
| Phone | 0433 342 037 |
| CEO / Student Support | Jatinder Singh |
| Administration | Karam Singh Akliya |
| Standards | SRTO 2025 NVETR Act 2011 Privacy Act 1988 |



Collins Institute of Training | JR Education Group Pty Ltd | CIT-F01

Refund Request Form

Use this form to request a refund of your enrolment fee. Complete all sections and submit by email. Refer to PP-06 Fees, Payment and Refunds Policy before completing.

Submit to: info@collinsinstituteoftraining.com.au | Phone: 0433 342 037 | Version 3.0 | March 2026

SECTION A — STUDENT DETAILS

Full Legal Name (as per enrolment)

Student ID / Enrolment Date

Email Address

Mobile Phone

Postal Address

SECTION B — ENROLMENT DETAILS

Unit Code(s) TLIF0005 TLIF0006 Both

Date LMS Access Was Provided

Total Fee Paid: \$ _____ Receipt Number (if known): _____

SECTION C — REASON FOR REFUND REQUEST

Select the ground that applies to your request:

- Written cancellation — more than 5 clear business days before LMS access date (full refund — \$150 per unit)
- Written cancellation — 5 or fewer business days before LMS access date (50% refund — \$75 per unit)
- Unit cancelled by Collins Institute of Training before commencement (full refund)



- Collins Institute of Training materially failed to deliver as agreed (partial or full refund — discretion of CEO)
- Duplicate or erroneous payment (full refund of excess amount)
- Exceptional circumstances — see Section D below (partial refund or credit — CEO discretion)

SECTION D — EXCEPTIONAL CIRCUMSTANCES (complete only if selected above)

i Exceptional circumstances are limited to: serious medical emergency; bereavement of an immediate family member; acute mental health crisis; natural disaster directly affecting your home or workplace; domestic violence situation. Change of mind, work schedule conflicts, and competing priorities do not qualify.

Describe the exceptional circumstances in full — include dates and how the circumstances prevented you from continuing:

Supporting documentation attached:

- | | |
|--|--|
| <input type="checkbox"/> Medical certificate or hospital documentation | <input type="checkbox"/> Letter from medical professional or specialist |
| <input type="checkbox"/> Death certificate or funeral notice | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Statutory declaration | <input type="checkbox"/> No documentation available — explanation provided above |

If 'Other', describe the documentation:

SECTION E — REFUND PAYMENT DETAILS

i Approved refunds will be returned to the original payment method where possible. If payment was by bank transfer, provide your bank details below.

Bank / Financial Institution

BSB Number



Account Number

Account Name (must match your legal name)

SECTION F — DECLARATION

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge.

I understand that providing false or misleading information in support of a refund request may result in the request being declined and may constitute fraud.

I understand that the refund policy is set out in PP-06 of the Collins Institute of Training Public Policy Suite, and that I have read and understood the applicable refund entitlements before submitting this form.

I understand that exceptional circumstances refund requests are assessed individually at the discretion of the CEO and are not automatically approved.

Student Signature

Date Submitted

Full name (printed)

DD / MM / YYYY

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

| Date Received | Received By | Refund Category | Amount Approved \$ | Approved By (CEO) | Date Processed |
|----------------------|--------------------|------------------------|---------------------------|--------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

CEO Decision Notes:



Collins Institute of Training | JR Education Group Pty Ltd | CIT-F02

Complaint and Assessment Appeal Form

Use this form to lodge a formal complaint about any aspect of CIT's operations, or to appeal a Not Yet Competent assessment result. Refer to PP-07 Complaints and Appeals Policy before completing.

Submit to: info@collinsinstituteoftraining.com.au | Phone: 0433 342 037 | Version 3.0 | March 2026

SECTION A — STUDENT DETAILS

Full Legal Name

Enrolment Date

Email Address

Mobile Phone

Unit Code(s)

Best Time to Contact

SECTION B — TYPE OF SUBMISSION

Select one:

- FORMAL COMPLAINT — I wish to make a formal complaint about an aspect of CIT's training, assessment, support, administration, or staff conduct.
- ASSESSMENT APPEAL — I wish to appeal a Not Yet Competent assessment decision I believe is incorrect or unfair.

i Assessment appeals must be lodged within 20 business days of receiving the result. Complaints may be lodged at any time.

SECTION C — FOR FORMAL COMPLAINTS

Complete this section if you selected FORMAL COMPLAINT above. Skip to Section D if lodging an assessment appeal.



What aspect of CIT's operations is your complaint about? (e.g. training delivery, assessment, student support, fees, staff conduct, administrative process)

| | |
|---|---|
| Date(s) the issue occurred or was first identified | Person(s) involved (if applicable) |
|---|---|

Describe what happened — include all relevant details, dates, and any communications you have had with CIT about this matter:

What steps have you already taken to resolve this informally (if any)? What was the outcome?

What specific outcome are you seeking from this formal complaint?

Supporting documents attached (list all):

SECTION D — FOR ASSESSMENT APPEALS

Complete this section if you selected ASSESSMENT APPEAL above.

| | |
|---------------------------------------|-----------------------------|
| Assessment Task Being Appealed | Date Result Received |
|---------------------------------------|-----------------------------|



Result Received

NYC — Not Yet Competent

Ground(s) for your appeal — select all that apply:

- The assessment was not conducted in accordance with the unit requirements or CIT's Assessment Policy (PP-04).
- I was not provided with adequate, clear instructions about the task, the marking criteria, or the submission requirements.
- The assessor's Not Yet Competent determination is inconsistent with the marking criteria or unsupported by a reasonable reading of my evidence.
- A previously approved reasonable adjustment was not properly implemented during this assessment.
- A verified technical failure (e.g. LMS outage, internet disconnection) materially disadvantaged me and was not adequately addressed.
- A significant procedural error occurred in the conduct or marking of this assessment.

Explain in detail why you believe the result should be reviewed — address each ground you selected above:

What additional information or evidence do you wish to provide in support of your appeal?

SECTION E — DECLARATION

Declaration

I declare that the information provided in this form is accurate and complete to the best of my knowledge.

I understand that formal complaints will be acknowledged within 2 business days and a written outcome provided within 15 business days.



I understand that assessment appeals will be reviewed by a different qualified assessor and that a written outcome will be provided within 15 business days of acknowledgement.

I understand that lodging a complaint or appeal will not disadvantage me in my enrolment, my assessment, or my relationship with Collins Institute of Training.

I understand that if I am not satisfied with CIT's internal outcome, I may escalate to ASQA (1300 701 801) or the Australian Human Rights Commission (1300 369 711).

Student Signature

Date Submitted

_____ *Full name (printed)*

_____ *DD / MM / YYYY*

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

| Date Received | Logged in Register (Y/N) | Assigned To | Type | Acknowledged (date) | Outcome Date |
|---------------|--------------------------|-------------|-------|---------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Investigation Summary / Outcome Notes (Jatinder Singh):

Outcome: Upheld
 Partly Upheld Not Upheld

Corrective Action Required (Y/N)

Outcome Letter Sent (date)



Collins Institute of Training | JR Education Group Pty Ltd | CIT-F03

Credit Transfer Application Form

Use this form to apply for credit transfer for a unit of competency you have previously completed at another RTO. Credit transfer provides automatic recognition of prior completion where the unit code and version match. Submit with a certified copy of your original Statement of Attainment.

Submit to: info@collinsinstituteoftraining.com.au | Phone: 0433 342 037 | Version 3.0 | March 2026

SECTION A — STUDENT DETAILS

Full Legal Name (as per enrolment)

Date of Birth

Email Address

Mobile Phone

Unique Student Identifier (USI) *(required — must be verified before credit transfer can be confirmed)*

SECTION B — UNIT BEING APPLIED FOR CREDIT TRANSFER

Which unit at Collins Institute of Training are you applying to have credited?

- TLIF0005 — Apply a Fatigue Risk Management System
- TLIF0006 — Administer a Fatigue Risk Management System

SECTION C — PRIOR COMPLETION DETAILS

i Credit transfer is available where you have previously been assessed as Competent in TLIF0005 or TLIF0006 (or a directly equivalent superseded unit) at another registered training organisation. You must provide a certified copy of the original Statement of Attainment.

Name of the RTO That Issued the Original Credential *(full legal name of the issuing RTO, not the trading name if different)*



**RTO Registration Number of Issuing RTO
(if known)**

Date of Original Credential Issuance

Unit Code on Original Credential

Unit Title on Original Credential

Training Package (if shown on credential)

Version of Training Package (if shown)

Has the unit code changed or been superseded since your original completion?

- Yes — the unit I completed has since been superseded (provide details below)
- No — the unit code is the same
- I am not sure

If superseded, provide details of the original unit and the current equivalent:

SECTION D — DOCUMENTS TO ATTACH

The following must be submitted with this form. Credit transfer cannot be assessed without documentation.

- Certified copy of the Statement of Attainment from the issuing RTO (the certification must be by a Justice of the Peace, solicitor, or the issuing RTO itself)
- OR — A screenshot or PDF export of your USI transcript / Australian Skills Passport showing the completed unit (accessible at www.usi.gov.au)
- OR — A written letter from the issuing RTO confirming the completion, on the RTO's letterhead

i A photocopy or photo of the original credential without certification is not sufficient. If you cannot obtain a certified copy, a current USI transcript showing the unit is acceptable.

SECTION E — WHAT HAPPENS NEXT



Jatinder Singh will review your application and the attached documentation within 5 business days of receipt. Possible outcomes:

- Credit Transfer Approved — the unit is recognised; a Statement of Attainment is issued by CIT within 30 calendar days; enrolment fee is not charged.
- Credit Transfer Not Approved — the unit does not directly match or documentation is insufficient; you will be contacted with an explanation and your options.
- Further Information Required — you will be contacted within 2 business days if clarification or additional documentation is needed.

SECTION F — DECLARATION

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge.

I declare that the attached documentation is genuine and accurately represents a credential I was awarded.

I understand that providing false documentation or misrepresenting prior completion constitutes academic misconduct and may result in refusal of the credit transfer and referral to ASQA.

I consent to Collins Institute of Training verifying my credit transfer claim with the issuing RTO and/or the USI Registrar.

Student Signature

Date Submitted

Full name (printed)

DD / MM / YYYY

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

| Date Received | Received By | Documentation Sighted | Verification Method | Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> More Info | Date Outcome Communicated |
|---------------|-------------|-----------------------|---------------------|---|---------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Verification Notes (Jatinder Singh):



Collins Institute of Training | JR Education Group Pty Ltd | CIT-F04

Language, Literacy, Numeracy and Digital (LLND) and Learning Support Needs Form

This form helps Collins Institute of Training understand your learning support needs before or during your enrolment. The information you provide is used to plan appropriate support — it does not affect your eligibility to enrol. All information is treated confidentially.

Submit to: info@collinsinstituteoftraining.com.au | Phone: 0433 342 037 | Version 3.0 | March 2026

i Completing this form is voluntary. You will not be excluded from training on the basis of your responses. CIT uses this information to plan support — not to screen students out.

SECTION A — STUDENT DETAILS

Full Legal Name

Enrolment Date or Proposed Enrolment Date

Unit Code(s) TLIF0005 TLIF0006 Both

Email Address

SECTION B — ENGLISH LANGUAGE BACKGROUND

Is English your first language?

- Yes — English is my first language
 No — my first language is: _____

How would you describe your confidence with written English?

- Very confident — I am comfortable reading regulatory documents and writing detailed responses
 Fairly confident — I can manage most reading and writing tasks with some effort
 Somewhat confident — I find some reading and writing tasks challenging
 Not confident — I find reading and writing in English quite difficult

Do you need any of the following language support?



- Plain-English explanation of complex regulatory text (HVNL provisions, NHVR guidance)
- Help understanding written assessment task instructions before I start
- Option to give oral responses to some written assessment tasks
- Extended time for written tasks
- I do not need language support at this stage

SECTION C — READING AND WRITING

How confident are you with the following tasks?

| Task | Very Confident | Fairly Confident | Need Support | Not Sure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading a multi-page document (e.g. the Student Handbook) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading and interpreting a regulatory document (e.g. HVNL provisions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing a structured paragraph explaining my reasoning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completing a structured form or workbook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Analysing a scenario and writing a recommended response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completing and maintaining a work diary or record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D — NUMERACY

Both units require students to calculate work and rest periods, interpret timetables, and analyse scheduling records. How comfortable are you with:

| Task | Very Confident | Fairly Confident | Need Support | Not Sure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Calculating hours and minutes (e.g. work and rest periods) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading and interpreting timetables and schedules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Working with dates — calculating days between events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basic arithmetic — addition, subtraction, multiplication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION E — DIGITAL LITERACY

Your training is delivered online through the Catapult LMS and live video sessions. Please indicate your confidence with the following:

| Task | Very Confident | Fairly Confident | Need Support | Not Sure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Logging into and navigating an online learning platform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joining and participating in a video conference (e.g. Zoom, Teams) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uploading a document or file through a website | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sending and receiving email with attachments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a word processor (e.g. Microsoft Word or equivalent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scanning a document using a phone or scanner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Troubleshooting basic computer or connection problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION F — DISABILITY, HEALTH CONDITIONS, AND OTHER LEARNING NEEDS

i This section is entirely voluntary. Disclosure helps CIT plan the right support for you — it will not affect your eligibility to enrol or be assessed. Information is kept strictly confidential and is not shared with other students.

Do you have a disability, health condition, learning difficulty, or other circumstance that may affect your ability to study or be assessed in the standard format?

- No
- Yes — see below
- Prefer not to say



If yes, please describe your circumstance and how it may affect your learning or assessment (you do not need to use medical terminology):

Do you have a diagnosed learning difficulty?

- No
- Yes — diagnosed condition: _____
- Not diagnosed but I experience challenges with: _____

What support adjustments would help you? (Select all that apply)

- Extended time for assessment tasks
- Modified document formatting (e.g. larger font, high contrast)
- Oral response in place of written (for tasks where writing is not a core requirement)
- Breaks during long sessions
- Plain-English versions of complex instructions
- I am not sure what I need — I would like to discuss this with the trainer
- Additional one-on-one sessions with the trainer before assessment tasks
- No adjustments needed at this stage
- Flexible scheduling of virtual sessions

Any other support needs not listed above:

SECTION G — DECLARATION

Declaration

I understand that this form is voluntary and that my responses will be used solely to plan appropriate learning support.

I consent to the information in this form being stored in my student file and used by Collins Institute of Training staff for the purpose of supporting my training.

I understand that this information will not be shared with other students, and will only be shared with Jatinder Singh and Karam Singh Aklia in their roles at CIT.

Student Signature

Date Submitted



Full name (printed)

DD / MM / YYYY

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

| Date Received | Reviewed By (Jatinder Singh) | Support Plan Created (Y/N) | Adjustments Approved | Date Discussed with Student | File Updated (Y/N) |
|---------------|---------------------------------|-------------------------------|-------------------------|-----------------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Support Plan Summary (Jatinder Singh to complete):



Collins Institute of Training | JR Education Group Pty Ltd | CIT-F05

Enrolment Cancellation and Withdrawal Form

Use this form to cancel your enrolment before your unit commences, or to formally withdraw from a unit after LMS access has been provided. Read the Fees, Payment and Refunds Policy (PP-06) before completing — your refund entitlement depends on the timing of your cancellation.

Submit to: info@collinsinstituteoftraining.com.au | Phone: 0433 342 037 | Version 3.0 | March 2026

i Your refund entitlement depends on when you cancel: MORE THAN 5 clear business days before LMS access date = full refund. 5 OR FEWER business days before LMS access = 50% refund. AFTER LMS access provided = no refund (except exceptional circumstances). If exceptional circumstances apply, complete Section E and attach supporting documentation.

SECTION A — STUDENT DETAILS

Full Legal Name (as per enrolment)

Date of Birth

Email Address

Mobile Phone

Unique Student Identifier (USI)

Enrolment Date

SECTION B — UNIT(S) BEING CANCELLED OR WITHDRAWN

Which unit(s) are you cancelling or withdrawing from?

- TLIF0005 — Apply a Fatigue Risk Management System
- TLIF0006 — Administer a Fatigue Risk Management System
- Both units

Date LMS Access Was (or Was to Be)
Provided

Today's Date (Date of This Request)



Has LMS access been provided and have you commenced the unit?

- No — I am cancelling before my LMS access date (refund entitlement applies — see note above)
- Yes — I have received LMS access and commenced the unit (no refund, unless exceptional circumstances apply)

SECTION C — REASON FOR CANCELLATION OR WITHDRAWAL

Select the primary reason (this information is used for internal improvement purposes only and does not affect your refund entitlement):

- Change in personal circumstances (health, family, financial)
- Change of employment or workplace situation
- Found a more suitable unit or training provider
- Unable to meet the technology requirements
- Course timing / scheduling did not suit my availability
- Cost — unable to afford the fee at this time
- I did not fully understand what was involved before enrolling
- Personal reasons — I prefer not to specify
- Other — see explanation below

If 'Other', brief explanation:

SECTION D — REFUND REQUEST

Are you requesting a refund?

- Yes — I am requesting a refund in accordance with PP-06
- No — I do not wish to request a refund

If yes, preferred refund method:

- Return to original payment method
- Bank transfer — provide details below

Bank / Financial Institution

BSB

Account Number

Account Name



SECTION E — EXCEPTIONAL CIRCUMSTANCES (complete only if applicable)

i Complete this section only if you are withdrawing AFTER LMS access has been provided AND exceptional circumstances apply (serious medical emergency; bereavement; acute mental health crisis; natural disaster; domestic violence). All other withdrawals after commencement are not eligible for a refund.

Describe the exceptional circumstances that prevented you from completing the unit:

Supporting documentation attached:

- | | |
|--|--|
| <input type="checkbox"/> Medical certificate | <input type="checkbox"/> Letter from professional or specialist |
| <input type="checkbox"/> Death certificate or funeral notice | <input type="checkbox"/> Other documentation — described above |
| <input type="checkbox"/> Statutory declaration | <input type="checkbox"/> No documentation available — explanation provided above |

SECTION F — OUTSTANDING ASSESSMENT AND RECORDS

If you have already submitted assessment tasks:

- I understand that any assessment tasks already submitted will not be marked after my withdrawal date, and that no credit or partial competency is awarded for incomplete unit enrolment.
- I understand that my training records will be retained by Collins Institute of Training for a minimum of 30 years.
- I wish to receive a copy of any assessment feedback already provided before my withdrawal — please email to my registered address.

SECTION G — DECLARATION

Declaration

I confirm that I wish to cancel or withdraw from the unit(s) listed above and understand that this action cannot be automatically reversed.

I understand my refund entitlement as described in PP-06, and that any exceptional circumstances refund is subject to the CEO's individual assessment.



I confirm that all information provided in this form is accurate and complete.
I consent to Collins Institute of Training processing my cancellation or withdrawal from the date this form is received.

Student Signature

Date Submitted

Full name (printed)

DD / MM / YYYY

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

| Date Received | Received By | LMS Access Revoked (date) | Refund Entitlement | Amount Approved \$ | Processed By (date) |
|----------------------|--------------------|----------------------------------|---------------------------|---------------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Processing Notes:

Student Notified of Outcome (date): _____ Method: Email Phone Both