

## APPLICATION FOR LEAVE OF ABSENCE

Please tick  where appropriate

### Personal & Course Details

Name		Contact Number	
Current Address			
Course Enrolled		Course End Date	

### Type of leave

- Holiday   
  Sick Leave   
  Paternity/Maternity Leave  
 Other (Please specify:)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of weeks/days \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Returning on (Date) \_\_\_\_\_

### Emergency Contacts Details

Next of Kin	Name:	Phone Number:
	Address:	Relationship:
Australian Contact	Name:	Phone Number:
	Address:	Relationship:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### *Office Use Only:*

Administrator:  Approved     Not Approved:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_