

Withdrawal of Bond/Return of Service Obligation Form <i>All information is held confidentially, only used for purpose provided</i>		
Personal Details		
First Name:	Surname:	Student Ref. No/AGS:
Email Address (Work):		
External Contact Details		
Address:		
Suburb:	Postcode:	State:
Email:		
Contact Number:		
Expected Withdrawal Date:		
Withdrawal Reason		
Academic		
Personal		
Medical		
Other		
Supporting Evidence* <i>(Attach in E-mail) *See over for more information</i>		
Covering Letter <i>(Where applicable)</i>		
Health Service Correspondence		
Flinders University Correspondence		
Medical Certificate		
Additional Information:		
Office Use Only:		
Approved memo to Chief Executive		

Supporting Evidence Information

- **Covering Letter to include (where applicable):**
 - Background of withdrawal
 - Reason/Issue that led to withdrawal
 - Withdrawal date (Timing)
 - Urgency to commence withdrawal
 - Consulted/Informed

- **Health Service Correspondence examples:**
 - Email notification and acceptance/recommendation of Health Service
 - Supporting correspondence/referee letter
 - Consulted/informed/discussion

- **Flinders University Correspondence examples:**
 - Notification and/or acceptance of Flinders University for withdrawal
 - Consulted

- **Medical Certificate**
 - Certificate supplied by registered Health Professional
 - Supporting evidence of injury i.e. diagnosis notes, explanation of how unfit for work/study causing withdrawal

Any issues with this form please contact the NT Medical Education and Training
Centre on (08) 8999 2832 or email METC.DoH@nt.gov.au