

**Deferral of Bond/Return of Service Obligation Form**

Parental/Maternity Leave & Personal Medical Reasons

*All information is held confidentially, only used for purpose provided*

**Personal Details**

First Name: Surname: Student Ref. No/AGS:

Email Address (Work):

**External Contact Details** *(During Deferral Period)*

Address:

Suburb: Postcode: State:

Email:

Contact Number:

**Expected deferral period dates:**

From: To:

**Deferral Reason**

Parental/Maternity Leave

Medical Reasons

Planned Surgery

Other

**Supporting Evidence\*** *(Attach in E-mail) \*See over for more information*

Covering Letter *(Where applicable)*

Health Service Correspondence

Flinders University Correspondence

Medical Certificate

Additional Information/Comments:

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](mailto:METC.DoH@nt.gov.au)