# AST HIS

#### **Australian Institute of Science and Technology**

RTO Code: 30645 CRICOS Provider Code: 03677G ABN: 13 103 369 151 ACN: 103 369 151

Level 2, 206–208 Liverpool Road, ASHFIELD NSW 2131 Australia Ph: +61 2 8021 3335

> www.aist.edu.au info@aist.edu.au

#### **SA-FM-007 STUDENT COUNSELLING FORM**

Other Land Firmt Name				- " N										
Student First Name:			Family Name:											
Student Number:			Course Name:											
Staff Member Name:														
Date of Interview:			Time:											
Others Present:														
Issue of Concern:	□ Attendance	□ Academic	□м	isconduct	☐ Financial	□ Welfare	□ Other							
	If other, please sp	ecify												
Details of concern:														
Recommendation:														

SS-FM-007 **Version 1:** 13/05/2019 **Document Owner:** Student Service Officer **Authorised by:** CEO This document is uncontrolled when printed. The current version of this document is kept on the AIST QMS.

## ALST HIM

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Student Statement						
As a result of this interview:						
Attendance/Academic:						
☐ I fully understand the attendance / academic progress requirements of my course/s ☐ I understand the consequences of failure to comply with attendance / academic progress requirements ☐ I know where to obtain help in relation to meeting attendance / academic progress requirements ☐ I will address existing attendance and / or academic progress issues by: ☐ I am satisfied with recommendation. ☐ Other outcomes:						
Other:						
Student Signature:	Counsellor Signature:					
Office Use Only						
Recommendation  Issue resolved	Outcome of recommendation  No further action					
☐ Improvement plan required - to be completed on	☐ The improvement plan <i>has / has not</i> been					
Date: / (after 20 days)	satisfactorily completed after 20 days:					
☐ Issue is unlikely to be resolved Reason:	Refer to Academic Manager					
☐ Other recommendation:	☐ Action taken:					

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