

# REFUND REQUEST FORM



|                                       |   |                         |            |   |           |
|---------------------------------------|---|-------------------------|------------|---|-----------|
| FIRST NAME                            |   | FAMILY NAME             |            |   |           |
| USI                                   |   | DATE OF BIRTH           | /          | / |           |
| POSTAL ADDRESS                        |   |                         | STATE      |   | POST CODE |
|                                       |   |                         |            |   |           |
| EMAIL                                 |   | PHONE                   |            |   |           |
| <b>COURSE / QUALIFICATION DETAILS</b> |   |                         |            |   |           |
| CODE and TITLE                        |   |                         |            |   |           |
| LOCATION                              |   |                         | START DATE | / | /         |
| AMOUNT PAID                           |   | ORIGINAL RECEIPT NUMBER |            |   |           |
| REASON FOR REQUEST                    | <p>Please Tick <b>ONLY one (1)</b> [ ✓ ]</p> <p><input type="checkbox"/> Learner/Trainee overpaid.</p> <p><input type="checkbox"/> Course was cancelled by REACH for Training.</p> <p><input type="checkbox"/> Learner/Trainee withdrew from course due to illness or extreme hardship, refund at the discretion of the CEO.</p> <p><input type="checkbox"/> Other Reason (provide details below)</p> <p>.....</p> <p>.....</p> |                         |            |   |           |
| BANK NAME                             |   | ACCOUNT NAME            |            |   |           |
| BSB NUMBER                            |   | ACCOUNT NUMBER          |            |   |           |

## LEARNER / TRAINEE'S DECLARATION

### DECLARATION

- I understand that there is a cooling off period of fifteen (15) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources and other RTO property to REACH for Training in its original condition;
- I declare that the information I have provided is true and correct, to the best of my knowledge.

Learner Signature

Date

**NOTE:** For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

**End of Document**

## OFFICE USE ONLY

|                       |  |                     |  |   |  |
|-----------------------|--|---------------------|--|---|--|
| AMOUNT TO BE REFUNDED |  | DATE PAID           | /  | / |  |
| REFUND RECEIPT NUMBER |  | ENTERED INTO SYSTEM | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| TYPE OF PAYMENT       | <input type="checkbox"/> Cheque <input type="checkbox"/> PayPal <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card Number: |                     |  |   |  |

Learner/Trainee Refund Approved  Yes  No

CEO Signature

Date