

REFUND REQUEST FORM



| | | | | | |
|---------------------------------------|---|-------------------------|---|------------|-----|
| FIRST NAME | | FAMILY NAME | | | |
| USI | | DATE OF BIRTH | / | / | |
| POSTAL ADDRESS | | | | STATE | |
| | | | | POST CODE | |
| EMAIL | | PHONE | | | |
| COURSE / QUALIFICATION DETAILS | | | | | |
| CODE and TITLE | | | | | |
| LOCATION | | | | START DATE | / / |
| AMOUNT PAID | | ORIGINAL RECEIPT NUMBER | | | |
| REASON FOR REQUEST | <p>Please Tick ONLY one (1) [✓]</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that there is a cooling off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I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