

APPLICATION FOR REFUND

Student Details	
Student Name:	
USI Number	
Address:	
Phone:	
Email:	
Select the course you wish to apply the Credit Transfer for	<input type="checkbox"/> FBP30121 - Certificate III in Food Processing <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> CHC43415 Certificate IV in Leisure and Health <input type="checkbox"/> MSS30322 - Certificate III in Competitive Systems and Practices <input type="checkbox"/> MSS40322- Certificate IV in Competitive Systems and Practices

Complete the following details of your request for refund.	
Reasons why refund is being sought	
<p>Bank Name:</p> <p>Account holder's name:</p> <p>BSB :</p> <p>Account number:</p>	
STUDENT DECLARATION <p><input type="checkbox"/> I declare that the information provided within this form is to be true and accurate.</p> <p><input type="checkbox"/> I have read and understood the refund policy and procedure provided, and I am aware that refund decision will be made as per the policy.</p>	
Signature:	Date:

Office Use Only

Training Manager	Date received:		
	Has the refund request been granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the amount to be refunded:			
Signature:		Date:	