

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	
Bank Account Details: (Refunds will be sent via electronic funds transfer (EFT) to Australian bank accounts only.)	
Bank Name:	
Account holder's name:	
BSB :	
Account number:	
STUDENT DECLARATION	
<input type="checkbox"/> I declare that the information provided within this form is to be true and accurate.	
<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.	
Signature:	Date:

<i>Office Use Only</i>			
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:	