



Application for Refund

Name:.....

Address:

Contact number:

How was the payment made?

Signature:

Course title:.....

Course Date:.....

Date refund application submitted.....

Reason for application (required if 5 days or less notice has been given):

.....
.....
.....

Please list documentation provided (required if 5 days or less notice has been given):

.....

Acceptable reasons may include:

- sickness (verified by a medical certificate)
- change of employment hours or location (verified by employer)
- bereavement

Please submit this form together with your documentation to a member of our staff.
Your request will be responded to within 2 business days.

Office use only

Refund approved / not approved

Date of refund:

Approved by: (RTO Manager)