

REFUND REQUEST FORM

To be completed by a learner requesting a refund.

Please complete all fields and return to the office.

Personal Details	
Family Name:	
Given Name:	
Phone Number:	
Date of Birth	
Course Enrolled Name:	

Refund Reason	
	Withdrawal
	Course stops being provided/Unable to Deliver
	Financial Hardship
	Death of immediate member of the family
	Political, civil or natural event
Please provide details:	

Payment Details	
Bank Transfer	
Bank Details	
Account Name:	
BSB No:	
Account No:	

Student Declaration
Your request will be assessed in accordance with the Refund Policy found on our website.
The review process can take up to 4 weeks. If you have not heard back regarding your application after this time please contact the Accell office.
<input type="checkbox"/> I have read the refund policy as stated above.
I agree with the conditions of the refund and declare that I am the person for whom this refund is to be paid too.
Signed: _____ Date: _____

Office Use Only					
Position	Name	Signed	Date	Approved?	Comment
RTO Manager					
Managing Director					
TOTAL AMOUNT FOR REFUND:				\$	