



## Application for Refund

Name:.....

Address: .....

Contact number: .....

How was the payment made? .....

Signature: .....

Course title:.....

Course Date:.....

Date refund application submitted.....

Reason for application

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

Please list documentation provided

.....

Please submit this form together with your documentation to a member of our staff, or fax to 03 9753 5011. Your request will be responded to within 2 business days.

Office use only
Refund approved / not approved
Date of refund:
Approved by: (RTO Manager)