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**Application for Refund**

|  |  |
| --- | --- |
| Name: |  |
| Contact number: |  |
| How was the payment made? |  |
| Bank details:  |  |
|  BSB - |  |
|  Account number - |  |
| Credit Card Details:  |  |
|  BPay -  |  |
|  Account Number -  |  |
| Course title: |  |
| Course Date: |  |
| Invoice number: |  |
| Date refund application submitted: |  |
|  |
| Reason for application (required if 3 business 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 list documentation provided (required if 3 business days or less notice has been given):  |
|  |
|  |

*Your request will be responded to within 2 business days.*

|  |
| --- |
| ***Office use only*** |
| Refund approved / not approved |
| Refund amount | $ |  |
| Date of refund: |  |  |
| Approved by: (RTO Manager) |  |  |
|  |  |