Refund Application Form

Date:	
Client Name:	
Phone Number:	
Email:	
Course:	
Course Start Date	
Invoice Number:	

I wish to apply for a refund for the following amount $_____.

My reasons for applying for a refund are:

Please Tick Appropriate Box	Refund Reason	Type of Refund
☐	The RTO is unable to commence the course for which the original enrolment and payment has been made.	Full refund or alternative placement in a course
☐	The RTO is unable to continue to deliver the course as agreed.	Partial refund or alternative placement in a course
☐	Withdrawal more than 7 days prior to agreed start date of course	Full refund of fees paid
☐	Withdrawal less than 7 days, but more than 48 hours prior to the agreed start date of the course	Full refund of fees paid minus 10% of fees paid, and minus a $20 administration fee
☐	Withdrawal less than 48 hours prior to the agreed start date of the course	No refund
☐	Withdrawal after course commencement	No refund

Note: (Please attach any supporting documentation if necessary).

Bank Account Details	
Bank Account Holders Name:	
BSB:	
Account No:	

Acknowledgement:

I understand that my request for a refund will be processed in accordance with the CTA Refund Policy and Procedure.

Student Signature: _____   **Date:** _____

Finance Administration Use Only					
Refund Application processed? Yes ☐ No ☐					
This Refund amount is: ☐ Approved ☐ Denied ☐ Adjusted To -					
Refund Paid and enrolment cancelled			Yes ☐		No ☐
Refund Method is: ☐ EFT / Credit Card ☐ Direct deposit ☐ Credit Note					
Comments:					
Name:		Signature:		Date:	

Administration Use Only					
Logged refund in the Refund Register: Yes ☐ Date:					
Student notified via email of the refund: Yes ☐ Date:					
Comments:					
Name:		Signature:		Date:	