

Application for refund

Client details					
Given Name		Family Name		Date	
Date of Birth DD/MM/YYYY		Student No (if known)			
Company name if applicable					
Please provide Personal postal details <input type="checkbox"/> Company postal details <input type="checkbox"/>					
Postal Address					
Suburb		Postcode			
Home Phone		Mobile			
Email					
Qualification enrolled in			Course dates		
Refund application details					
Reason you are seeking refund. For late cancellation refunds please attach evidence e.g. doctor's certificate, statutory declaration in support of your claim (refer to refund policy to confirm refund eligibility)					
Preferred refund method					<input type="checkbox"/>
<ul style="list-style-type: none"> Cheque (will be posted to address as listed above) 					
<ul style="list-style-type: none"> Credit card (if original payment was made by credit card refund payment must go to same credit card). Maximum refund \$1000. Credit card number: _____ Exp date: _____ Name on card: _____					<input type="checkbox"/>
<ul style="list-style-type: none"> Bank transfer BSB: _____ Account number: _____ Account name: _____					<input type="checkbox"/>
Client signature					
Please forward this form together with written notice of course withdrawal, copies of all relevant payment receipts and copies of any evidence to support refund claim (for example, a medical certificate) to: Post: Master Plumbers, 6/306 Albert Street Brunswick VIC 3056 email: training@plumber.com.au					

Administration use only			
Evidence verified	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Refund request approved	Name:	Signature:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments including client ID#			
Amount to be refunded	\$		
Authorised by	Date:		
Client notified of outcome by	Name:	Signature:	Date