

## 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 <b>Personal postal details</b> <input type="checkbox"/> <b>Company postal details</b> <input type="checkbox"/>					
Postal Address					
Suburb		Postcode			
Home Phone		Mobile			
Email					
Qualification enrolled in			Course dates		
Refund application details					
Reason you are seeking refund. <b>For late cancellation refunds please attach evidence e.g. doctor's certificate, statutory declaration in support of your claim</b> (refer to refund policy to confirm refund eligibility)					
Preferred refund method					<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Cheque (will be posted to address as listed above)</li> </ul>					<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Credit card (if original payment was made by credit card refund payment must go to same credit card). Maximum refund \$1000.</li> </ul> Credit card number: _____ Exp date: _____ Name on card: _____					<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Bank transfer BSB: _____ Account number: _____</li> </ul> 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: <b>Post: Master Plumbers, 6/306 Albert Street Brunswick VIC 3056 email: <a href="mailto:training@plumber.com.au">training@plumber.com.au</a></b>					

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