

RTO-FOR-008 - Refund Request Form

1 Wilkinson Street, Manunda QLD 4870
37-43 Commercial Drive Shailer Park QLD 4128
Phone: 1300 933 358 www.skill360.com.au

Date of Request:							
1. PERSONAL DETAILS							
First & Middle Names:				Family Name:			
Phone Number:				Mobile:			
Email Address:							
I have accessed a copy of the Refund Policy from the student handbook							
2. REFUND DETAILS – I request a refund for the following:							
Course Title:							
Course Commencement Date:							
Reason for Refund Request (please attached any supporting documentation)		Withdrawal				Cancellation (by Student)	
		Transfer					
		Other (please specify					
Comments							
Amount Paid (by student)		\$		Payment method			
Refund Amount (requesting)		\$					
Preferred Refund Method		EFTPOS		CREDIT CARD		BANK ACCOUNT	
3. REFUND ACCOUNT DETAILS							
Account Name:							
BSB Number:							
Account Number:							
4. APPLICANT DECLARATION: In signing this form							
I certify that the information I provided is true and correct							
In applying for a refund, I have read and understood the Refund Policy terms and conditions as stated in the student handbook							
Signature:				Date:			
5. OFFICE USE ONLY							
I confirm that: I acknowledged the Refund Request submitted by the student I reviewed the Request against the Refund Policy I entered the Request in the Refund Register I informed the RTO General Manager of the Request for Refund							
Refund Amount is:		Approved		Denied		Adjusted to \$	
Comments on Decision:							
Approved by:							
Signature:						Date:	
Logged in Refund Register:		Yes		No		Date:	
Logged by:						Signature:	
Formal Letter/Email Sent:		Yes		No		Date:	
Sent by:						Signature	

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