

Student 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		\$
Please Tick Appropriate Box	Refund Reason	Type of Refund
<input type="checkbox"/>	The RTO is unable to commence and/ or cancels a course	Full refund applies
<input type="checkbox"/>	The RTO is unable to continue to deliver a course	Partial refund or alternative placement in a course applies
<input type="checkbox"/>	Withdrawal due to medical reasons	Student must produce a medical certificate. Full refund applies
<input type="checkbox"/>	10 or more business days prior to the agreed start date of course	90% refund (10% is retained for administration fees).
<input type="checkbox"/>	9-5 business days prior to agreed start date of course	50% refund
<input type="checkbox"/>	Less than 5 business days prior to agreed start date course	No refund
<input type="checkbox"/>	Withdrawal after course commencement	No refund

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

Bank Account Details	
Bank Account Holders Full 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:

Upon completion, please email this form and supporting documents (if applicable) to:
 training@jss.org.au

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

Administration Use Only					
Logged refund in the Refund Register Ezypay & aXcelerate: Yes Date:					
Student notified via email(aXcelerate) of the refund: Yes Date:					
finance notified of refund via email Yes Date:					
Comments:					
Name:		Signature:		Date:	