

## APPLICATION FOR REFUND

Name:

DOB:

Phone:

Email:

Course enrolled:

Start Date:

Complete the following details of your request for refund.

<i>Date of invoice</i>	<i>Details of invoice</i>	<i>Reasons why refund is being sought</i>

<b>Office Use Only</b>	
Student Support Consultant	Date received: ____\____\____
	Signature
Training Manager	Date received: ____\____\____
	Has the refund request been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the amount to be refunded: .....
	Signature
Finance	Date processed: ____\____\____
	Signature

NOTE: Please return your completed form to [accounts@intercaretraining.com.au](mailto:accounts@intercaretraining.com.au)