

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>

*Office Use Only*Student Support
Consultant

Date received: ____________

Signature

Training
Manager

Date received: ____________

Has the refund request been granted?

 Yes No

What is the amount to be refunded:

Signature

Finance

Date processed: ____________

Signature

NOTE: Please return your completed form to accounts@intercaretraining.com.au