

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? <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