

APPLICATION FOR REFUND

Name: _____ DOB: _____

Phone: _____

Email: _____

Course enrolled: _____ Start Date: _____

Complete the following details of your request for refund.

Date of invoice	Details of invoice	Reasons why refund is being sought

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

