**Refund Request Form**

**FACT**

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| **Student request** | | |
| Name: |  | |
| Student number: |  | |
| Course: |  | |
| Reason for request:  Please note that a $22 administration fee will be deducted from the original course fee (per person) | | |
| **Deposit Account:** Please note refunds will only be paid to the bank account nominate in this form. | | |
| Account Name: | | |
| Invoice Number: | |  |
| BSB Number: | | Acc Number: |
| **I authorise refunded amounts to be deposited into the above nominated account.** | | |
| Sign: | | Date: |

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| **CEO action** | | | |
| Name: |  | | |
| Action: | Approved | | Not approved |
| Reason for decision: | | | |
| Sign: | | Date: | |

Refunds are only granted if all paperwork has been completed and emailed to the office more than 5 working days prior to the course. Refunds will only be paid via EFT to the account nominated in the refund form.