

Refund and Rescheduling Request Form

Refunds are only granted if all terms are met (as stated within the Terms and Conditions)

Student request	
Name:	
Student number:	
Course Name and Date:	
Reason for request:	
Please Note: All refunds will incur a administration fee deducted from refund total	
Invoice Number:	
Method of Payment:	Date Paid:
I authorise refunded amounts to be deposited into the above nominated account I acknowledge that refunds are processed on Fridays 2pm. All rescheduling must not be completed within 3 working days of the training.	
Sign:	Date:

Course Type:	Admin Fee:
HLTAID009 Provide cardiopulmonary resuscitation	\$25
HLTAID010 Basic Life Support	\$40
HLTAID011 Provide First Aid	\$45
HLTAID012 Provide First Aid in an Education and Care Setting	\$45
HLTAID014 Provide Advanced First Aid	\$80
HLTAID015 Provide Advanced Resuscitation	\$90
UETDRMP007 - Perform Rescue from a Live Low Voltage Panel	\$50
UETDRMP007 - Perform Rescue from a Live Low Voltage Panel & CPR	\$65
CPCWHS1001 Prepare to Work Safely in the Construction Industry	\$50
HLTWHS005 Shift Materials Safely Using Manual Handling Methods.	\$40
BSB41419 Cert IV in Work Health and Safety	\$500
BSB51315 Diploma of Work Health and Safety	\$500
TLILIC0003 Licence to Operate a Forklift Truck	\$150



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Office Use Only		
Name:		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Reason for decision:		
Sign:		Date:

