APPLICATION FOR REFUND

Name:	DOB:
Phone:	
Email:	
Course enrolled:	Start Date:

Complete the following details of your request for refund.					
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?	□ 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			

Training & Assessment Policies & Procedures | Q1 2022 Version 1.0 | Revision Date: 04/01/2022 Once PRINTED, this is an UNCONTROLLED DOCUMENT. Refer to Policy Portal for latest version ITS (AUS) Pty Ltd

