



REQUEST FOR REFUND FORM

SECTION A: STUDENT'S DETAILS	
Surname:	
Given Names:	
Address :	
Email:	Mobile:
SECTION B: CURRENT COURSE DETAILS	
Course Name:	
Course Start Date:	
Course Finish Date:	
Mode of Delivery:	<input type="checkbox"/> Cluster <input type="checkbox"/> Correspondence
SECTION C: REQUEST DETAILS	
<p>I would like to apply for refund for my course because: (should be accompanied by withdrawal form, if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transfer to another institution (please attach proof of enrolment) <input type="checkbox"/> Employment reasons <input type="checkbox"/> Personal reasons <input type="checkbox"/> Financial reasons <input type="checkbox"/> Others, please state: _____ 	
<p>Please read and sign below to acknowledge that you have read and understood the refund procedures.</p> <p>Enrolled learners will be eligible for a full refund of course fees in the following circumstances:</p> <ul style="list-style-type: none"> PEAK Training cancels the course (e.g. insufficient client numbers); The learner advises of their cancellation at least ten (10) working days prior to the commencement date of the course Refund may be given to students in extenuating circumstances only. 	
Signature:	Date:



**NSW Family Day Care
Association Inc.**
ABN: 97 377 365 755



SECTION D: OFFICE USE ONLY		
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved
RTO Manager:		Date Signed:
Accounts		
Checked by:		Refund Details:
Approved by:		Amount Paid _____
		Amount Refunded _____
PEAK Training		
Comments:		
Processed by:	Date Processed:	