

## REFUND APPLICATION FORM

Student Name:		Student ID:	
Course:			
Date of enrolment::			
Date of course withdrawal (If applicable):			

Reason for refund request	Please select
I wish to cancel the course – I do not want to reschedule at this point in time.	<input type="checkbox"/>
SECUREtraining cancelled my course – I do not wish to reschedule at this point in time.	<input type="checkbox"/>
Other/details – Please outline below:	

Preferred method to receive refund:	
<p><b>EFT</b></p> <p>Account Name:</p> <p>BSB #:</p> <p>Account #:</p>	<p><b>Cheque</b></p> <p>Name:</p> <p>Address:</p> <p>State:                      Post Code:</p>

Student Signature:	
Printed Name:	
Date:	

PLEASE COMPLETE AND RETURN THIS FORM TO SECURETRAINING USING THE FOLLOWING METHODS:  
 FAX: 03 8527 8889                      EMAIL: [info@securetraining.com.au](mailto:info@securetraining.com.au)  
 POST: 11 Compark Circuit, MULGRAVE VIC, 3170

OFFICE USE ONLY

Refund Request receipt date:	
Admin to confirm the students details:	
Confirm the students enrolment date:	Date:
Confirm the students cancellation date:	Date:
Payment details:	Payment Date: _____ Payment Amount: _____ Payment Type: Cash Credit Chq Other:
Refund Decision Information	Please select
Is the refund request within 10 days of the enrolment date and part of an unsolicited marketing campaign? If yes, full refund to be authorised immediately.	YES / NO
Have staff attempted to reschedule the student?	YES / NO
Why did the student refuse to reschedule the training?	
Approving manager to confirm the students refund amount:	\$ _____

Processed by:	
Approving Managers Name:	
Signature:	
Approval Date:	

On approval, please send refund request to: [accounts@securecorp.com.au](mailto:accounts@securecorp.com.au)

Date Received: ____ / ____ / 20____	Received / Completed by:	Processed on: ____ / ____ / 20____
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(FINANCE/ACCOUNTS USE ONLY)