Refund Application Form

Learner Details				
Learner Name:			**Learner ID:**	
Employer Name:				
Qualification code and title:				
Date of Enrolment:		**Date of Withdrawal:**		

Enrolment and Training Status:	
I have completed enrolment and training program has not commenced.	☐
I have completed enrolment and training program has commenced.	☐
I have commenced training program with no outstanding fees.	☐
I have commenced training program with outstanding fees.	☐
I currently owe fees and want them reconsidered	☐

Reasons for refund request:

Learner name:		
Learner signature:		**Date:**

OFFICE USE ONLY				
Date received:			**Received by:**	
Refund processed	☐ Yes	☐ No (Note reason)	**Date updated:**	
Reason(s) for rejection:				
Signature:			**Date:**	