

## Application for Refund

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejection.

Student ID:	Student Name:
Phone:	Email:
Course Name:	
Address:	

Conditions for Refund	
<p>All Refunds are made according to our Refund Policy and your signed Letter of Offer and Student Acceptance Agreement. If the refund is approved, it will be paid into your nominated bank account (or where it is identified that another person or organisation paid the fees to their nominated bank account) within ten working days of the decision. All students must ensure they have read and understood the Refund Policy and your signed Offer Letter and Student Acceptance Agreement before completing this form.</p>	
Bank Remittance Details	
<p>Please provide details of the nominated bank account where you would like the refunded fees transferred. Where you were not the individual or organisation who made the payments to the Institute, the applicable refund fees will be transferred into their nominated bank account.</p>	
Australian Bank Account Details	
Bank Name:	Account Name:
BSB Number:	Account Number:
Overseas Bank Account Details	
Bank Name:	Account Name:
SWIFT Code:	Account Number:



Third-Party Refund Authorisation	
I authorise the third party listed below as my beneficiary to transfer the refund/s from Total Training Solutions.	
Third-Party Information	
Name:	Relationship:
Bank Name:	Account Name:
SWIFT Code:	Account Number:
Reasons for Requesting Refund (Please attach relevant supporting documentation to support your application)	
Student Declaration	
I declare that I have read and understood the Student Deferment Policy, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in my Offer Letter and Student Acceptance Agreement and confirm that the information and supporting documentation provided by me are true and correct.	
I understand that providing false information to the organisation may terminate my enrolment and entitlements.	
Student Signature: _____ Date: _____	

Office Use Only		
Admissions Department	Comments:	
	Name:	Signature:      Date:



