



REFUND REQUEST FORM

STUDENT DETAILS			
Name:			
Address:			
Suburb:		Postcode:	
Home/Work phone:		Mobile:	
E-mail:			
Course:		Date:	
REASONS FOR REFUND*			
<i>Attach supporting evidence if applicable (e.g., Doctor's Certificate)</i>			
AMOUNT PAID \$		<i>Indicate fees paid</i>	
REFUND REQUEST		REFUND AVAILABLE	
<input type="checkbox"/> At least 5 working days prior to course commencement.		Refund less \$100 administration fee	
<input type="checkbox"/> Less than 5 working days prior to course commencement		No refund/ Discretion of CEO	
<input type="checkbox"/> Extenuating circumstances		No refund/ Discretion of CEO (or <input type="checkbox"/> exceptional circumstances**)	
<input type="checkbox"/> After course commencement		No refund/ Discretion of CEO (or <input type="checkbox"/> exceptional circumstances**)	
BANK ACCOUNT DETAILS			
Name of account holder:			
Name of Bank:		Branch:	
BSB:		Account No.:	
DECLARATION			
I _____ (student name) have read and understood the RTO's refund policies and procedures and authorise Blue Horse Truck Driver Training to pay the refund into the nominated bank account provided above.			
Signature: _____		Date of Lodgement: ____/____/____	
OFFICE USE			
Approved by:			
Amount refunded:		Date refunded:	

* If the RTO cancels the course, 100% refund applies and no administration fee is deducted.

** At the discretion of the CEO, the RTO reserves the right to provide refunds in extenuating circumstances.