

*Submission of this form does not guarantee a refund*

## STUDENT DETAILS:

Given Name:	Surname:
Date of Birth:	Phone Number:
Address:	
Suburb:	Postcode:
Email Address:	

## COURSE DETAILS:

Course	Day	Time

## REASON FOR WITHDRAWAL:

<input type="checkbox"/> Withdrawn before the Start Date
<input type="checkbox"/> Change of Employment Conditions <i>(Letter of Authorisation must be attached)</i>
<input type="checkbox"/> Sickness <i>(must be accompanied by a Medical Certificate)</i>
<input type="checkbox"/> Other <i>(Please specify)</i>

## REFUND DETAILS:

Payee Name:	
Email Address:	Phone Number:
Postal Address:	
<b>BANK DETAILS</b>	
Bank Name:	Bank Address:
BSB Number	Account Number:
Account Name:	

Student Signature: \_\_\_\_\_

Name: \_\_\_\_\_

*(or parent if under 18 years of age)*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_