

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 Withdrawn before the Start Date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:	
BANK DETAILS	
Bank Name:	Bank Address:
BSB Number	Account Number:
Account Name:	

I have read and understood the [Course Withdrawal Terms and Conditions](#).

Student Signature: _____

Name: _____

(or parent if under 18 years of age)

Date: ____ / ____ / ____