

## **Refund Request Form**

<b>Note</b> : Please make sure that you have Refund Policy – before submitting this		understood	all the related polic	cies – in particular, the Fee
Student ID:				
Student Name:				
<b>Enrolled Course(s)</b> (Please list all the courses you are enrolled in)	Course Code:		Title:	
	Course Code:		Title:	
	Course Code:		Title:	
Full Address:				
		1		Ι
	Country:		Postcode/ZIP:	
Reason(s) for Request for Refund – Fill in the Details	Medical			
(Supporting documents/evidences must be attached. Aussie Training	Visa related			
Courses may not be able to process a refund if satisfactory reasons and	Transfer Other		ussi	ie – – –
supporting documentation is not provided)	nin	a C	ourse	es
Bank Details for Electronic Refund (As applicable)	Bank Name:	9	Branch Number/BSB:	
	Bank Address:		Account Number:	
	IBAN:		Swift Code:	
Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.			
Sign:	1		Date:	
ADMIN use only:				

Refund Request	Granted	Declined	
If Granted	Eligibility	Full refund	Amount: A\$

Australian Academy of Clinical Leadership Pty Ltd t/a Aussie Training Courses RTO Code: 41146 | CRICOS Code: TBA Email: aussietrainingcoursess@gmail.com | Website: www.aussietrainingcourses.com.au Version 2.0 October 2023 | Page | 1



		Partial refund	Amount: A\$
Note: Please refer to Fees & Refund Policy for applicable criteria	Applicable Criteria		
	Refund by	Date:	
If Declined	Reason(s) for Decision:		
Notify student			
Approved by	Name:	Signature:	Date:

Please handover this form at reception desk of Aussie Training Courses at aussietrainingcoursess@gmail.com

