REFUND APPLICATION FORM

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| --- |
| 1. **STUDENT DETAILS**
 |
| Title: | Mr / Mrs / Ms / Miss | * Male
 | * Female
 | * Other
 | Date of Birth: | / / |
| Surname: |  | Given Names: |  |
| Home Phone: |  | Mobile: |  |
| Email Address: |  |

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| 1. **BOOKING DETAILS**
 |
| Course Code and Name: |  | Amount Paid: |  |
| Reason for Refund: |  |
| Refund Payment Method: | *If your original payment was made by credit card, tick ‘Refund to Credit Card’. Your refund will be made to the credit card used for payment. If your original payment was* ***not*** *made by credit card, tick ‘Direct Bank Transfer’ and complete your bank account details below.* |
| * Refund to Credit Card
 | * Direct Bank Transfer
 |  |

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| 1. **BANK ACCOUNT DETAILS**
 |
| BSB Number: |  |  |  |  |  |  | (6 digits in total) |
| Account Number: |  | Account Holder Name: |  |

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| 1. **STUDENT DECLARATION**
 |
| By signing this form, I certify that the information provided is true and correct.  |
|  | * I agree with the conditions of refund and declare that I am the person to whom this refund is to be paid
 | * I am authorising Momentum High Risk Training to pay this refund to someone other than myself or into a joint account
 |
| Signature: |  | Date: | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMIN USE ONLY**  | **Full Name:** |  | **Signature:** |  |
|  | **Position:** |  | **Date:** |  |
|  |
| **Acknowledgement letter sent to student/client?**  | [ ]  No [ ]  Yes | **Date:** |  / /  |
|  |
| **Refund request reviewed and outcome advised by CEO?**  | [ ]  Approved [ ]  Declined |
| **CEO Signature:** |  | **Date:** |  / /  |
|  |
| If approved ▶ | **Email sent to the Accounts department to action the refund?** | [ ]  No [ ]  Yes | **Date:** |  / /  |
|  | **Approval letter sent to student/client?** | [ ]  No [ ]  Yes | **Date:** |  / /  |
|  | **Refund issued to student/client by Accounts department?** | [ ]  No [ ]  Yes | **Date:** |  / /  |
|  |
| If declined ▶ | **Decline letter sent to student/client explaining outcome?** | [ ]  No [ ]  Yes | **Date:** |  / /  |
|  |
| **Details entered into system?** *(Information in this form entered into the Student Management System, physical form scanned and saved to student’s file, shredded and disposed of securely)* | [ ]  No [ ]  Yes | **Date:** |  / /  |