REFUND APPLICATION FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** | / / |