## Application for Refund

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Each refund request is reviewed on a case by case basis. The form is lodged with the Administration Officer according to the Refund Policy.

A response will be given to you within 10 business days and if successful a refund will be made as per the Refund Policy, depending on the circumstances.

| Family Name: | Given Name(s): |
| :---: | :---: |
| Sex: $\square$ Male $\square$ Female $\square$ Other | Date of Birth: (dd/mm/yy): |
| Student ID No: |  |
| Postal Address: |  |
| Home phone: ( ) Mobile: ( | Email address: |
| Payment details: |  |
| Payment details (if EFT refund required): BSB: <br> Account Name: | Account No: |
| Course details |  |
| Code:_ Title: |  |
| Amount Claimed: \$______ |  |
| Reason for Refund (please tick) |  |
| $\square$ Course unable to be provided <br> $\square$ Overpayment of course fees <br> $\square$ Other (please describe) |  |

Requests for refunds are assessed in accordance with the Refund Policy. Please ensure you have read and understood the Refund Policy located in the Student Handbook or on our Website.

## Declaration

I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understood Refund Policy.

| Signature |  | Date | $/ / 1$ |
| :--- | :--- | :--- | :--- |

To lodge the form return to: AFHS Training on email address: booking@afhstraining.com.au
If you have any questions in relation to completing this form, please contact us on 1300337199

## OFFICE USE ONLY

| Received by: | Refund Number Issued: | Authorised by: |
| :--- | :--- | ---: |
| Outcome: | Date if Refund issued: | Amount: |

