

Refund Request Form

Full name			
Date of birth	Click here to enter a date.	Student ID	
Email contact			
Phone contact			
Course Title/Code:			
Enrolment Start Date			
Current Status	<input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled		

Section 1: REASON FOR REQUEST

Field	Response
Refund Type Requested	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other (specify) _____
Amount Requested (AUD)	_____
Original Payment Method	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____
Bank Account for Refund (if applicable)	Name: _____ BSB: _____ Acc. No: _____

Version	V2.1	Document Name	Refund Request Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	1

Section2: REFUND DETAILS

- ☐ RTO course cancellation
- ☐ Visa refusal – Before commencement
- ☐ Visa refusal – After commencement
- ☐ Withdrawal ≥ 10 weeks before start
- ☐ Withdrawal 4–10 weeks before start
- ☐ Withdrawal <4 weeks before start
- ☐ Other (please explain): _____

Explanation:

Section3: SUPPORTING DOCUMENTS (ATTACH)

Required if applicable

- ☐ Withdrawal Form
- ☐ Visa Refusal Letter
- ☐ Medical Certificate / Compassionate Grounds
- ☐ Proof of Payment
- ☐ Other: _____

Section4: DECLARATION

I declare that the information provided above is true and correct. I understand that refunds will be processed according to the RTO's Fees & Refund Policy and may take up to 20 business days. I also understand that submission does not guarantee approval and appeal options are available.

Student Signature: _____

Date: ____ / ____ / 20__

Version	V2.1	Document Name	Refund Request Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	2

Section5: OFFICE USE ONLY

Checklist	Notes
<input type="checkbox"/> Application Received	Date: _____
<input type="checkbox"/> Supporting Docs Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Logged in Refund Register	By: _____
<input type="checkbox"/> Eligibility Reviewed by Compliance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> CEO Authorisation	Name: _____
<input type="checkbox"/> Refund Processed	Amount: \$_____ Date: _____
<input type="checkbox"/> Outcome Notified	Date: _____
<input type="checkbox"/> Appeal Lodged (if applicable)	Date: _____



Version	V2.1	Document Name	Refund Request Form
RTO Code.	46300	RTO Name	Vocational Augment Training (VAT)
CRICOS Code.	04305F	Page number	3