



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.

Applicant/Student's Personal Details

Family Name:

Given Name(s):

Sex: Male Female

Date of Birth: (dd/mm/yy): ___/___/___

Student ID No:

Postal Address:

Home phone: ()

Fax: ()

Email address:

Payment details:

Payment details (if EFT refund required): BSB: _____ Account No: _____

Account Name: _____

Course details

Code: _____ Title: _____

Amount Claimed: \$ _____

Reason for Refund (please tick)

Withdrawal from current enrolled course

Course withdrawn

Withdrawal from future scheduled course

Course unable to be provided

Overpayment of course fees

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

/ /

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 1300 337 199

OFFICE USE ONLY

Received by:

Refund Number Issued:

Authorised by:

Outcome:

Date if Refund issued:

Amount: