



Refund Application Form

Student Details

Student Name:	
ID:	
Address:	
Contact Number:	
Course Name:	

Please tick box	Reason for Refund Request
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<input type="checkbox"/>	Withdrawal prior to the commencement of the course
<input type="checkbox"/>	Withdrawal after the agreed start date
<input type="checkbox"/>	Course withdrawn or unable to be provided by New Futures Training
<input type="checkbox"/>	Other (DESCRIBE) :

Bank Details:	Name:
	BSB :
	Account Number :

Students signature:		Date:	
Authorised by:		Date:	

NOTE: Please submit your application to the office at Level 1/368 Sydney Road, Coburg VIC, 3058

Office Use Only

Fees paid to date:		Amount to be Refunded:	
Refund paid to:			
Date payment made:			
Finance officer name:			