

# Refund Application Form



## Student Details

<b>Student Name:</b>	
<b>ID:</b>	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Course Name:</b>	

<b>Please tick box</b>	<b>Reason for Refund Request</b>
<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	Course withdrawn or unable to be provided by New Futures Training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"/>	<b>Other (DESCRIBE) :</b>
<b>Bank Details:</b>	Name:  BSB :  Account Number :
<b>Students signature:</b>	<b>Date:</b>
<b>Authorised by:</b>	<b>Date:</b>

**NOTE:** Please submit your application to the office at 11 Munro Street, Coburg.

## Office Use Only

<b>Fees paid to date:</b>		<b>Amount to be Refunded:</b>	
<b>Refund paid to:</b>			
<b>Date payment made:</b>			
<b>Finance officer name:</b>			