

Refund Request Form



FIRST NAME				LAST NAME		
POSTAL ADDRESS						
				STATE		POST CODE
EMAIL				PHONE		
COURSE / QUALIFICATION DETAILS						
CODE and TITLE						
LOCATION					USI	
AMOUNT PAID	(Please attach any evidence of paid transactions for our reference)					
REASON FOR REQUEST	<p>Please Tick ONLY one (1) [✓]</p> <p><input type="checkbox"/> Withdrew before cooling-off period*</p> <p><input type="checkbox"/> Overpaid my fees</p> <p><input type="checkbox"/> Course was cancelled by Australian Academy of Advanced Skills (AAAS).</p> <p><input type="checkbox"/> Cannot continue the course due to illness or extreme hardship</p> <p style="text-align: center;"> Please submit the evidence for illness or hardship (e.g. Medical Certificate by an approved health practitioner or Centrelink Income statement or any valid proofs)</p> <p><input type="checkbox"/> Other Reason (provide details below)</p>					
BANK NAME			ACCOUNT NAME			
BSB NUMBER			ACCOUNT NUMBER			

DECLARATION

* I understand, I am withdrawing before the cooling-off period (14 calendar days from the date of induction) with full refund of any fees paid up in advance and I returned all course materials, resources and other RTO property to Australian Academy of Advanced Skills (AAAS) in its original condition; AND/ OR

I declare that the information I have provided is true and correct, to the best of my knowledge.

Learner Signature

Date

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

OFFICE USE ONLY	APPROVED BY CEO	AMOUNT REFUNDED	RECEIPT NUMBER	DATE PAID	FILE ENTRY
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO
CEO signature				/ /	