



**RTO Refund Request Form**

**Section 1 - Student Details**

|                           |  |
|---------------------------|--|
| <b>Full Name:</b>         |  |
| <b>Student ID:</b>        |  |
| <b>Email Address:</b>     |  |
| <b>Phone Number:</b>      |  |
| <b>Course Details:</b>    |  |
| <b>Course Name:</b>       |  |
| <b>Course Start Date:</b> |  |

**Section 2- Refund Request Details**

**Reason for Refund Request:**

- ☐ Visa Refused  
☐ Withdrawal before course commencement  
☐ Course cancellation by RTO  
☐ Overpayment  
☐ Compassionate or compelling circumstances  
☐ Other: \_\_\_\_\_

|                                     |                                                                                                                                                             |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Amount Paid:</b>                 |                                                                                                                                                             |
| <b>Amount Requested for Refund:</b> |                                                                                                                                                             |
| <b>Supporting Documentation</b>     | Please attach relevant documents (e.g. medical certificate, proof of payment, withdrawal form).<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**Section 3 - Bank Details for Refund (if applicable)**

|                        |  |
|------------------------|--|
| <b>Account Name:</b>   |  |
| <b>BSB:</b>            |  |
| <b>Account Number:</b> |  |

**Section 4 - Student Declaration**

I declare that the information provided is true and correct. I understand that submission of this form does not guarantee a refund and that the RTO's refund policy will apply.

|                   |  |
|-------------------|--|
| <b>Signature:</b> |  |
| <b>Date:</b>      |  |

**Section 5: Office Use Only**

|                        |                                                          |
|------------------------|----------------------------------------------------------|
| <b>Received by:</b>    |                                                          |
| <b>Date Received:</b>  |                                                          |
| <b>Refund Approved</b> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>Reason</b>          |                                                          |





|                             |                                                          |       |
|-----------------------------|----------------------------------------------------------|-------|
| Approved by:                |                                                          |       |
| Formal Letter / Email Sent: | <input type="checkbox"/> No <input type="checkbox"/> Yes |       |
| Date of refund issued:      |                                                          |       |
| Axcelerate Updated          | <input type="checkbox"/> No <input type="checkbox"/> Yes |       |
| Updated By:                 |                                                          | Date: |
| PRISMS Updated              | <input type="checkbox"/> No <input type="checkbox"/> Yes |       |
| Updated By:                 |                                                          | Date: |

