APPLICATION FOR REFUND

Name: ....   DOB: ....

Phone: ....

Email: ....

Course enrolled: ....   Start Date: ....

Complete the following details of your request for refund.		
Date of invoice	*Details of invoice*	*Reasons why refund is being sought*

Office Use Only	
Student Support Consultant	**Date received:** _____
	Signature
Training Manager	**Date received:** _____
	Has the refund request been granted? ☐ Yes ☐ No
	What is the amount to be refunded: ....
	Signature
Finance	**Date processed:** _____
	Signature

NOTE: Please return your completed form to accounts@intercaretraining.com.au

Inter Care TRAINING