



**\*Student Information**

First Name		Last Name	
Student ID		D.O.B	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Contact No	
Email Address			
Postal Address			
Suburb		State	Post Code

**Course Details – Tick the course/s you are applying to withdraw from and requesting refund**

CPP20218 Certificate II in Security Operations	<input type="checkbox"/>
AHC30716 Certificate III in Horticulture	<input type="checkbox"/>
AHC50416 Diploma of Horticulture	<input type="checkbox"/>
BSB50420 Diploma of Leadership and Management	<input type="checkbox"/>
Refresher Security Courses CPPSEC3101 , CPPSEC3121	<input type="checkbox"/>
<input type="checkbox"/> HLTAID011 Provide First Aid	<input type="checkbox"/>
<input type="checkbox"/> HLTAID014 Provide Advanced First Aid	<input type="checkbox"/>

**Reason for Withdrawal and Application for Refund**

Family Problems  Transferring to another RTO  Canceling Enrolment  Others

Please elaborate on your circumstances:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**If you intend to leave Australia ?**

When do you intend to leave Australia ?

To Process Refund, Please fill in the following details:

Bank Name		Account Name	
BSB		Account No	
SWIFTCODE		Branch Code	
Branch Address			

Amount Paid	\$	Date Paid	
-------------	----	-----------	--

**Student Acknowledgement**

Signature		Date	
-----------	--	------	--

**FOR OFFICE USE**

Evidence Submitted  Yes  No

Type of Document

Approval :  Refund Approved  Refund Not Approved  No Refund Necessary

Refund Processed  Direct Debit  Bank Cheque

Date Refunded		Amount	
---------------	--	--------	--

Comments

Director Signature		Date	
--------------------	--	------	--