

REQUEST FOR REFUND FORM

STUDENT DETAILS									
Name:									
Address:			Sta	ate:			Postcode:		
Telephone:	Home/Work:			Mobile:					
E-mail:									
Course:				Date:					
REASONS FOR REQUESTING A REFUND*									
Attach supporting evidence if applicable (eg Doctor's Certificate)									
REFUND REQUEST DATE					REFUNDABLE PORTION				
☐ At least 2 Weeks (10 working days) prior to				100% refund minus admin fee of \$50-					
commencement				\$150.00 (depending on course as per enrolment form)					
☐ At least 1 Week (5 working days) prior to commencement				50% refund					
☐ Less than 1 Week (5 working days) prior to commencement				No refund (or □ exceptional circumstances**)					
☐ After course commencement				No refund					
				(or □ exceptional circumstances**)					
BANK ACCOUNT DETAILS									
Account Holder's Name:									
Name of Bank:			Branch	1:					
BSB:			Account Number						
DECLARATION									
I (student name) have read and understood the RTO's refund policies and procedures and I authorise Gauntlet Training to pay the refund into the nominated bank account I have provided on this form.									
Signature: Date of Lodgement://									

- Note:
 - 1. If Deltawest Training cancels the course 100% refund applies and no administration fee is deducted.
 - 2. Fees for RPL are non-refundable.
- ** Deltawest Training reserves the right to provide a refund in exceptional circumstances, determined by the CEO on a case-by-case basis where the request is supported by compelling evidence.