

# Refund Application Form

P & N Thomas Pty Ltd ta ACE Training – RTO: 21716

## SECTION ONE – INSTRUCTION

This form is to be used to facilitate any request for refunds made by a Fee Payer (student, employer, or guardian/parent). Each refund is reviewed on its individual merits and assessed by ACE Training in accordance with its *Fees, Charges and Refunds Policy*. A response (and eligible refunds) will be given to applicants within 30 days of application.

Once this form is completed, sign, and lodge form by [accounts@aceassessment.com.au](mailto:accounts@aceassessment.com.au)

## SECTION TWO – STUDENT INFORMATION

2.1	Student Name	
2.2	Student ID (#)	
2.3	Course Code & Title	

## SECTION THREE – INITIAL PAYMENT INFORMATION

3.1	<b>Student, Parent or Guardian paid course fees</b>				<b>Employer paid course fees</b>
	<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Transfer.

## SECTION FOUR – REFUND REQUEST & FEE PAYER ACKNOWLEDGEMENT

4.1	Reason for Refund	<input type="checkbox"/> Overpayment made to course fees <input type="checkbox"/> Student withdrawal from course (not yet commenced) <input type="checkbox"/> Student withdrawal from commenced course <input type="checkbox"/> Other reason (please specify):
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As the Fee Payer, I confirm that all information provided on this form is to the best of my knowledge true, correct, and accurate. I also confirm that I have read and understood the *Fees, Charges and Refunds Policy* and believe that I am entitled to a refund and will provide any supporting documentation (if required) to support the request for a refund:

4.2	Fee Payer's name	
4.3	Fee Payer's signature	
4.4	Date of refund application	
4.5	Fee Payer's email address	
4.6	Fee Payer's banking details	Account Name: BSB: Account Number:

### OFFICE USE ONLY

**Date received:**

**Outcome:**  Approved  Not Approved.

**Refund amount (if applicable):**

**Date refunded:**

**Date outcome letter sent to Fee Payer:**

**This is a controlled document and is uncontrolled when downloaded or printed in hardcopy format.**

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 Document Owner: Compliance Officer  
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