

Prior to completing and submitting the Refund Request Form, please read our Fees and Refund Policy & Procedure available on our Website for further information.

Personal Details:

Student ID (if applicable):

First Name:

Surname:

Address:

Phone:

Email Address:

Your Location:

Please select which state relates to your refund:

Training Program:

Refund Details

I request a refund for the following:

Invoice Number:

Amount requested to be refunded:

Reason:

Bank Details

Account Name:

BSB:

Account Number:

Acknowledgement:

I understand that my request for a refund will be processed in accordance with Care Academy's Fees and Refund Policy.

Signature:

Date:

Document Title	Version No	Approval Date	Review Date	Document Author	Approved by
Refund Request Form	2.0	03/2023	03/2024	General Manager	Chief Executive Officer

Refund Request Form



Chief Executive Officer or Nominated Delegate Authorisation

Please select the type of Refund:

Withdrawal

Cancellation

Transfer

Other (please specify):

The Refund amount is:

Approved

Declined

Adjusted to:

Comments/Reason for Decision/Calculations of Refund:

The Refund method is:

EFT / CCard

Other (please specify):

Signature:

Position:

Print Name:

Date Processed:

Office Use Only (to be completed by Care Academy):

Refund recorded on RTO SMS:

Yes

No

Date Recorded:

Logged By:

Signature:

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Refund Request Form	2.0	03/2023	03/2024	General Manager	Chief Executive Officer