Refund Request Form

NOTE: All refunds are subject to the terms and conditions outlined in the Skills Generation Refund Policy. Lodging a refund application does not guarantee that a refund will be granted. Each refund application will be individually assessed for eligibility.

Section 1 – Student Details			
Name:		**Date:**	
Email:		**Mobile:**	

Section 2 – Reason for Refund

I request a refund for the following:

- ☐ Student withdrawal prior to commencement of study
- ☐ Student withdrawal after the commencement of study
  - ☐ Student choice
  - ☐ Medical circumstances ** (supported by a doctor's statement)
  - ☐ Overpaid fees
  - ☐ Cancellation of enrolment by Skills Generation
  - ☐ Other

Student Bank Account details (where we will pay the refund)	
Name of Account:	
BSB:	**Account Number:**

Third Party Details (This section must be completed if the refund is not being paid to the enrolled student)	
Name of Individual/Business:	
Name of Account:	
BSB:	**Account Number:**

Acknowledgement

I certify that the information on this form is correct and complete and I understand that my request for a refund will be processed in accordance with the Skills Generation Refund Policy.

Signature		**Date:**	

Parent/Guardian (if student is younger than eighteen (18) years of age and is in the care and control of a parent or guardian)

Name:			
Signature		**Date:**	

Please return completed form to refunds@skillsgen.com.au

Section 3 – Authorisation

Admin Use Only

Refund Amount:		**Invoice Number:**	
Refund Approved	☐ Yes ☐ No	**If No, date student advised:**	
Name:		**Position:**	
Signature:			
Processed by:		**Date:**	