

Personal details

| |
|---|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other: |
| Family name: |
| Given names: |
| Address: |
| |
| Email: |
| Telephone: |

Program details

| |
|---------------------------------|
| Program name: |
| Intake date: |
| Trainer: |
| Discipline e.g. Accounting, IT: |

Type of refund / Amount

| |
|--|
| <input type="checkbox"/> Full refund <input type="checkbox"/> Partial refund |
| I hereby request a refund of \$ |

Bank account/credit card details

| | |
|---|-------------|
| Bank name: | |
| Account name: | |
| BSB no: | Account no: |
| SWIFT Code (Telegraphic Transfer only): | |

| |
|--|
| Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |
| Card holder name: |
| Card number: |
| Expiry date (MM/YY): |
| Validation code (3 digits on back of credit card): |

Reason for refund

Please state the reason for your refund below:

Declaration

I hereby attach the following evidence to verify the validity of my refund request

- Photo identification
- Payment receipt(s)

I confirm that the bank account/credit card number listed on this form is the same account/card used to pay the initial fees.

Applicant's signature

Date:

Campus Manager's signature

Date:

Commercial Director signature

Date:

INTERNAL USE ONLY:

| |
|--|
| Commercial Director approval <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Please email the completed form to:

Student Engagement

Adelaide

E adelaide@acap.edu.au

Brisbane

E brisbane@acap.edu.au

Darwin

E darwin@acap.edu.au

Hobart

E hobart@acap.edu.au

Melbourne

E melbourne@acap.edu.au

Perth

E perth@acap.edu.au

Sydney

E sydney@acap.edu.au

Please see [Fees and Charges](#), [Refunds and Withdrawals Policy](#) for the refund policy for your program.