

Refund application form



i Please read the Fees, Charges and Refund Policy before completing this document a copy of which is available by contacting head office.

Privacy Notice:

Allara collects personal information solely for the purpose of operating as a Registered Training Organisation under the VET Quality Framework administered by the Australian Skills Quality Authority who is the National VET Regulator (NVR). The requirements of the NVR may mean the release of personal information for the purposes of an audit. Information collected will not be provided to anyone unless Allara has been granted permission by you or is specifically required to provide the information by law. Further information regarding your Privacy rights can be viewed in the Privacy and personal information policy.

Section A – Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name	<input type="text"/>	Middle name	<input type="text"/>
Family name	<input type="text"/>	Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Company name</i>	<i>Position/Department</i>	<i>Manager/Supervisor</i>
Phone	<input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>
	<i>Mobile</i>	<i>Home</i>	<i>Work</i>
Email	<input type="text"/>		

Section B – Applicant address

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO box number	<input type="text"/>
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/>	State	<input type="text"/>

Section C (part a) – Course payment details

Course Name	<input type="text"/>	Course Code	<input type="text"/>
Amount Paid	<input type="text"/>	Paid By	<input type="checkbox"/> Applicant (go to section D) <input type="checkbox"/> Other (go to Section C, part b)
<i>(complete the below section only if fees paid by person other than applicant)</i>			

Section C, part b – Payer details *(complete the below section only if fees paid by person other than applicant)*

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
First name	<input type="text"/>	Middle name	<input type="text"/>		
Family name	<input type="text"/>	Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
Phone	<input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>		
	<i>Mobile</i>	<i>Home</i>	<i>Work</i>		
Unit number	<input type="text"/>	Street number	<input type="text"/>	PO box number	<input type="text"/>
Street name	<input type="text"/>				
Suburb	<input type="text"/>	Postcode	<input type="text"/>	State	<input type="text"/>

Refund application form



Section D – Application for refund details

I wish to apply for a refund/partial refund because (Please tick one box only)

- a) I am withdrawing prior to first class attendance or first participation in training
- b) I am withdrawing after commencement of classes and/or participation in training
- c) Other, please specify and attach documentary evidence

Have you attended any classes/training sessions? Yes No

If yes, last date of attendance? D D M M Y Y Y Y

Note: Refunds and/or partial refunds are to be made to the learner, organisation or third party who originally paid. For credit card payments; any payments made by credit card must be refunded to the original credit card number only. Electronic Payment of Refunds; for electronic payment of refund, please provide your bank account details or the refund will be sent by cheque to your postal address.

Section E – Payment of refund details (complete only when electronic payment of refund is required)

Account Name	<input type="text"/>		
Bank	<input type="text"/>	Branch	<input type="text"/>
BSB No.	<input type="text"/>	Account No.	<input type="text"/>

Section E – Declaration

hereby declare that the information provided in is true and correct.

Signature Date D D M M Y Y Y Y

Signature of applicant

Please return this form and all supporting evidence to:
National Business Manager, Allara Learning
Level 2, 8-10 Loftus Street, Sydney NSW 2000

OFFICE USE ONLY – the below section is to be completed by the RTO Representative processing the application

RTO participant enrolled in	<input type="text"/> Tactical Training Group <input type="checkbox"/> <i>National Provider No. 91054</i>	<input type="text"/> W G Learning <input type="checkbox"/> <i>National Provider No. 91178</i>	
Supporting evidence was supplied:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, New fee amount	<input type="text"/>		
If NO, provide reason	<input type="text"/>		
Name	<input type="text"/> <i>Name of authoriser</i>	Position	<input type="text"/>
Signature	<input type="text"/> <i>Signature of authoriser</i>	Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

Note to RTO Representative

Contact student with a response to this request within 14 days of receiving this application. Finance department must validate student records and amount of refund requested.