

APPLICATION FOR REFUND

This form is to be completed if you are applying for a refund for a unit of competency or a full qualification. Please refer to the Attendance Policy in the Student Handbook before completing the form. The completed form and supporting documents must be submitted to RTO Coordinator or Chief Executive Officer in person at the Academy (82 Hindley Street, Adelaide) or via email to enquiries@barbery.com.au. Please note that depending on when you lodge your refund application, you may be liable financially for any outstanding fees in accordance with the attendance and refund policies.

First Name		Surname	5	Student ID		
			,			
Qualification Code		Qualification Title				
(Example: SHB30516)	(Example: Cert	ificate III in Barbering)				
Unit Code (Example SHBHCUT007)		Unit of Competency Name (please refer to page 2 to this form if you are seeking a refund for more than one unit of competency)				
(Example of Bride 1997)	(please relief to	(please felet to page 2 to this form if you are seeking a felution of more than one unit of competency)				
		_				
SECTION 2: REASC	N FOR REFUN	D				
Do you have any outstandir	ng fees? Y/N if yes cou	urse fee amount \$				
Withdraw from the cou	irse					
Course Code:	Cou	rse Title:				
2. Cancellation of enrolm	ent (by the Academy)					
3. The Academy cancelle	ed the program or una	ble to provide the program (provide	er default)			
4. Student overpaid						
5. Other:						
Did a third party pay y	our fees? If so please,	detail:				
•	•	iis form to be true and accurate. I f formation. If any changes need to		· · ·		
writing to enquiries@barb		, -		•	·	
	NATION					
ECTION 4: DECLAF	KATION					
Student Signature		Student Name	Date			
I am the parer	nt/guardian signing	g on behalf of an under 18 s	student			
Parent/Guardian Signat		Parent/Guardian Name	Date			
. a. 5/10 Gaardian olgilal		. arong oddinan ranno	Date			
	VZ-27022019					

Payee Name:					
Email Address:					
Postal Address:					
Payment Type:	e: EFT payment NOTE: If you originally paid via credit card we may refund back to the card.				
Bank Name:	ank Name: Bank Address:				
BSB Number:		Account Number:			
Unit of Competency Code		Unit of Competency Name			

Office Use Only:	Signature	Date
VetTrak results updated		
Refund form scanned to student file		
☐ FFS ☐ Work Ready ☐ VET		