



FORM 1.7 REFUND REQUEST

Course Name: _____

Date: ____ / ____ / 20__

Participant Name: _____

Contact Details: _____

Details of Training Completed, if applicable:

I, _____ (name), request a refund of payment provided to ACTA, and provide the following reason/s with reference to ACTA's Refund Policy (below):

____ / ____ / 20__

Participant Signature

Date

REFUND POLICY

We will make refunds to students in certain circumstances as listed below. To apply for a refund, you should: email a request/ **fill in our Refund Form located on our website and** send to admin@actacollege.edu.au

Circumstance	Refund Policy
Withdrawing from a training program.	You will be entitled to a full refund of fees paid if you withdraw more than 7 days before the scheduled start of the training program.
	If you withdraw within 7 days before the scheduled start of the training program you will be entitled a credit voucher may be obtained for any future class for a period of one year only, OR, apply in writing to the Committee for a refund. Once a course has started funds are committed and cannot be refunded or transferred.
If a training program is cancelled before commencement	You will be entitled to a full refund of fees paid.

Provider Fee Refund Guarantee

IF for any reason we (ACTA) cannot complete the training	You will be entitled to a refund of fees proportional to the amount of training not delivered
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Office Use Only

Refund Agreed Y/N

Refund Processed / / 20....

Cheque / Reference Number _____

Trainer/Assessor or Course Coordinator Signature

____ / ____ / 20__
Date

Director Signature

Refund Posted ... / ____ / 20__
Date