



## APPLICATION FOR REFUND

### STUDENT DETAILS

<b>Family Name:</b>	<b>First Name:</b>	
<b>Date of birth:</b>	<b>Student ID:</b>	
<b>Address:</b>		
<b>Postcode:</b>	<b>City:</b>	<b>Country:</b>
<b>Email:</b>	<b>Phone Number:</b>	

### COURSE DETAILS

<b>Course Code:</b>	<b>Course Name:</b>
<b>Course Start Date:</b>	<b>Course End Date:</b>

### REASON FOR REFUND REQUEST

- Visa refused (attach documentary evidence from DHA)
- Withdrawing from course due to compassionate or compelling circumstances
  - I am changing education providers and I have a valid Letter of Offer from a new education provider
- I have failed to meet entry requirements / conditions on the International Student Contract
- Withdrawing from course due to academic difficulties
- Withdrawing from course due to personal reasons
- My enrolment has been cancelled due to a breach of Student Rules
- Other give- *details below*

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### List Documents Attached

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other -**  
**\* add extra pages as required**

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STUDENT BANK DETAILS			
Bank name:		Branch Code number:	
Bank address:		Account name:	
Bank phone:		BSB:	
International banking code IBAN/SWIFT:		Account number:	
STUDENT DECLARATION			
<input type="checkbox"/>	<b>I have received, read and understand the Australian College of Community and Health Services refund policy and believe I am entitled to a refund as per the policy conditions stated below:</b>		
		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
<input type="checkbox"/>	<b>I have received, read and understand the ACCHS Complaints and Appeals policy and procedure.</b>		
<input type="checkbox"/>	<b>I declare that the information I have provided on this application and attachments are true and correct.</b>		
<input type="checkbox"/>	<b>I have attached supporting (if required)</b>		

ApplicantName: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

DATE RECEIVED/OFFICER Name and signature  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACTION TAKEN/REFERRED TO FOR ACTION  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFUND DETAILS:**  
**AMOUNT PAID BY STUDENT:** \_\_\_\_\_

**AMOUNTS ELIGIBLE FOR REFUND:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Refund paid and date: \_\_\_\_\_

Refund not paid. Provide more information below:  
 \_\_\_\_\_  
 \_\_\_\_\_