



STUDENT NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

(Must be a Street address not Post Office Box)

STUDENT NUMBER: _____

AGENT: _____

For which course are you seeking refund?

General English: _____ **Course Start Date:** ____/____/____

Cert III & Diploma: _____ **Course Start Date:** ____/____/____

Reason for Refund:

- Visa Refused (provide copy of Visa Refusal letter)
- Enrolment cancelled prior to course commencement
- Course cancelled by CAG
- Failed to commence
- Other: _____

Payment Details

| Australian Bank Account | | International Bank Account | |
|-------------------------|--|----------------------------|--|
| BSB | | Swift Code | |
| Account Number | | IBAN | |
| Account Name | | Account Name | |
| Bank | | Bank Name | |
| Branch | | Bank Address | |

Declaration

I hereby apply for a refund of fees paid and acknowledge that this refund application will be processed in accordance with the Careers Australia Group Refund Policy, which I have read and understood.

Signature: _____ **Date:** ____/____/____

| FOR OFFICE USE ONLY: | | | |
|---------------------------------|--|--------------------|--|
| Received By: | | Date Received: | |
| COE's Cancelled by: | | Date cancelled: | |
| Refund sent to student: | | Date sent: | |
| Agent advised refund paid: | | Date notified: | |
| Total Amount Paid (AUD\$): | | Deduction (AUD\$): | |
| Total Amount of Refund (AUD\$): | | | |
| Refund approved | | Date approved | |