

Participant DetailsName of participant: Participant ID (USI): Qualification enrolled in: Commencement date: **Refund Reasons**

Please state your reasons for requesting a refund. If you have documents that support your request please include them with this request. Please attach additional paper if you need to.

I certify that the information above that I have provided is true and correct and I understand that the next steps are to have an arranged meeting with the RTO Manager to discuss my circumstances further.

I also understand that:

- I can expect a written acknowledgment of this refund request
- I can expect that my matter will be processed within the next 2 weeks.
- I am required to submit this refund request to the RTO Manager.

Participant Signature: Date: **College Administration Section Only**Authorisation: Date Received: Date of Interview with Participant:

Outcome of Interview:

RTO Manager signature: