**SM4.1.1 Refund**

**Application Form**

**Use this form to**

* Request a refund of fees from a course you have enrolled in with National First Aid.

**Submitting this request**

Email your completed form to: [nfaadministration@nationalfirstaid.com.au](mailto:nfaadministration@nationalfirstaid.com.au) or via post to: PO Box 7029, Beaumaris Victoria 3193.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | |
| Date of birth | Day | | |  | | Month | |  | | | Year | |  |
| Residential address | Street address | | |  | | | | | | | | | |
| Suburb/town | | |  | | | | | | Postcode | | |  |
| Home phone |  | | | | | Work phone | | |  | | | | |
| Mobile |  | | | | | Email | | |  | | | | |
| **Enrolment Status** | | | | | | | | | | | | | |
| **Please indicate which of the following applies to you:** | | | | | | | | | | | | | |
| I have commenced my course | |  | I have not commenced my course | |  | | I currently owe fees and want them reconsidered | | | |  |  | |
| **Reasons for refund request** | | | | | | | | | | | | | |
| **Please outline the reasons for your refund request in as much detail as possible.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

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| **Declaration** | |
| I declare that, to the best of my knowledge, the information on this form is correct and complete. | |
| Signature |  |
| Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY – Processed by:** | | | | | |
| Refund authorised by: |  | Date paid: |  | Refund amount: |  |
| Method of payment: |  | | | | |