**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 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  |       |

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