



Student Refund Application Form

Student Refund Application Form			
Student Details			
Course name and code enrolled in:			
Family Name:	Given Name:	Phone:	
Email:		Mobile:	
Postal Address:		Postcode:	State:
Reason for Cancellation/ Refund (**Documentary evidence must be attached)			
<input type="checkbox"/> Credit Transfer/ RPL Approved	<input type="checkbox"/> Medical**	<input type="checkbox"/> Other**	
Reason for Cancellation/refund:			
If cancellation of enrolment, date you wish the cancellation to take effect: / /			
If refund, please refer to fees and refund policy as to when you will be notified regarding a decision.			
Account Details (if approved all funds will be processed back to the original credit card or bank account that funded your deposit/payment unless written instruction has been received from the original account holder. Details below must be those of the original account holder)			
Refund Payable to:			
<input type="checkbox"/> Direct Bank Account Deposit:	Account Holder Name:	BSB:	Account Number:

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<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name on Card:	
Card Number:	CVV:	Expiry Date: / /
Third party Details (**This section must be completed if the refund is to be paid to a third party. Third Party refunds MUST be in writing and signed by the original account holder that funded the deposit/payment).		
<input type="checkbox"/> Organisation <input type="checkbox"/> Individual	ABN / Date of Birth:	Name:
Email:		Mobile:
Postal Address:		Postcode: State:
Acknowledgement		
<input type="checkbox"/> I confirm I have read and I understand the information contained in the Student Handbook and fees and refund policy regarding cancellation and fees. <input type="checkbox"/> I acknowledge that if I re-apply for the course in the future that my application is considered a new application. <input type="checkbox"/> I certify the information provided on this form is correct and complete.		Student Signature:
Office Use Only		
Eligible for refund: <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Balance / Pro Rata Refund Approved: \$	Less Administration Fee (if applicable): \$
Total Refund to be paid: \$	Refund Authorised by (Name):	Date processed: / /
Authorised Officer Signature:	Additional Notes:	Date: / /
***Documentary evidence must be attached NOTE: All refunds are subject to the terms and conditions outlined in the Heed Health Education's fees and refund policy. Lodging a refund request does not automatically imply that a refund will be granted. Each refund request will be individually assessed for eligibility. An administration fee may be applicable.		