**PLEASE RETURN THIS FORM TO** [**admin@ntm.edu.au**](mailto:admin@ntm.edu.au)

**SECTION A:**

**TO BE COMPLETED BY LEARNER**

|  |  |
| --- | --- |
| Family name: | First name: Click or tap here to enter text. |
| Date of birth: Click or tap to enter a date. | |
| Address: Click or tap here to enter text. | |
| Course name: Choose an item. | |
| Amount paid:  $ 0 | Paid by:  Learner  Other |
| Payer Full Name (Company/Individual):  Payer address: | |

|  |
| --- |
| **Withdrawal of studies -** *(Learner Handbook; pg. 28)*  **Withdrawing**/**discontinuing** my studies  **Transferring** to another Registered Training Provider  Reason for withdrawal/transfer: (please specify) |

**SECTION B:**

**TO BE COMPLETED BY LEARNER**

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:**

**SECTION C:**

**TO BE COMPLETED BY LEARNER – *if applicable*** *(Learner Handbook; pg. 23)*

**I wish to apply for a refund because:**

I am withdrawing from the course/qualification more than 5 days prior to commencement

I am withdrawing from the course/qualification within 5 days of commencement

I am withdrawing from the course/qualification being rescheduled by NTM and the new dates no longer suit availability.

I am withdrawing for **other** reasons (please specify)

|  |  |
| --- | --- |
| For electronic payment of refunds please provide bank account details | |
| Account Name: | Bank: |
| BSB No: | Account No: |

|  |
| --- |
| **SECTION D: OFFICE USE ONLY** |
| Records Noted:  Transfer  Withdrawn  Deferring.  Refund Approved:  Yes  No  Not applicable  Comment:  Original Course Fee: $ Payment Received: $ Refund amount: $  Refund reason (choose one):  Refund general  Refund special circumstances  Refund to correct error |
| **SIGNATURE OF DELEGATED APPROVER:** |