**PLEASE RETURN THIS FORM TO** **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| Records Noted: [ ]  Transfer [ ]  Withdrawn [ ]  Deferring.Refund Approved: [ ]  Yes [ ]  No [ ]  Not applicableComment: Original Course Fee: $ Payment Received: $ Refund amount: $ Refund reason (choose one):[ ]  Refund general [ ]  Refund special circumstances [ ]  Refund to correct error |
| **SIGNATURE OF DELEGATED APPROVER:** |