

Student Refund Form

This form must be used to apply for a refund. Please complete this form and return it to support@ceav institute.edu.au Please allow 28 days for your refund to be approved and processed. Refunds will be sent via electronic funds transfer into your nominated bank account.

Student Details

First name:		Last name:	
Address:			
Mobile number:			
Other contact Number:			
Email address:			

Refund Amount Requested

Please indicate the amount that you are requesting to be refunded:

Refund Amount Requested:	\$
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Refund Reason

Please tick **one** of the reasons listed below that is applicable to your refund:

- Where CEAV Institute cancels the **course before the commencement** date or the student's enrolment request has been rejected by CEAV Institute:
= 100% refund of Tuition fees and Application fee.
- Where CEAV Institute cancels the **course after the commencement date**:
= 100% refund of the un-spent pre-paid Tuition fees and Application fee.
- Student withdrawal received in writing by CEAV Institute more than **10 weeks prior to course commencement**:
= Full refund of any prepaid Tuition fees. No refund of the Application Fee.
- Student Withdrawal received in writing by CEAV Institute **less than 28 days prior to course commencement**:
= No refund of the Application Fee.
- Student withdrawal **upon course commencement**:
= No refund of the Application Fee. A pro-rated refund will be issued for any units commenced on a unit by unit basis.

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Course Details

CHC41215 Certificate IV in Career Development		<input type="checkbox"/>
CHC81315 Graduate Certificate in Career Development Practice		<input type="checkbox"/>
Commencement Date:		Trainer Name:
Cancellation/ Withdrawal Date:		<input type="checkbox"/> Course Cancellation <input type="checkbox"/> Course Withdrawal

Payment Details for Electronic Payments

Account Name:			
BSB Number:		Account Number:	
Bank Name:			
Bank Address:			

Student Declaration

I declare that the information above best describes my circumstances. I have provided supporting documentation (if applicable) with my refund application and read the privacy information below:

Privacy Information:

We collect and protect your personal information in accordance with CEAV Institute's Privacy and Confidentiality Policy and Procedure

Student's Name:		Date:	
Students Signature:			

Office Use Only

Business Manager's Name:		Date:	
Business Manager's Signature:			
Do you approve this refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Withdrawal Form on file:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date:	
RTO Admin notified of outcome:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Refund Processed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Student advised of the outcome:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Form saved in confidential file:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	