

REFUND REQUEST FORM

Section 1.

Student's Full name:	<input type="text"/>
Student to supply Photo ID:	<input type="text"/>
Type of ID and Number	<input type="text"/>
Student's Contact Number:	<input type="text"/>
Student's Contact Email:	<input type="text"/>

Section 2.

Reason for Refund Request:

(If you require more space please attach a separate sheet. Please include original or certified documentary evidence in your application (e.g. medical certificate))

Section 3.

Refund payments will be via direct deposit into your nominated bank account

Account Name

BSB

Bank Name

Account Number

Student Declaration

I have read the Student Handbook in regards to the refund policy and understand the terms and conditions. I declare that the information I have given on this application is correct.

Student's signature:

Date:

TO BE COMPLETED BY THE BLACK DIAMOND TRAINING STAFF ONLY

Approved

Not approved

Reason for approval or non-approval:

CEO Signature

Date