



### REFUND APPLICATION FORM

**Please Note:** Refunds are provided in accordance with Medical Administration Training Pty Ltd's [Fees, Refunds & Cancellation Policy & Procedure](#). You should read the policy carefully to establish your eligibility for a refund.

This form must be used to apply for a refund. It can be emailed to [info@medtrain.com.au](mailto:info@medtrain.com.au). Before your application for a refund will be considered, you must complete all the sections below and attach supporting documents (if required).

**Applications will be reviewed and student will be advised of the outcome within 7 working days from date of receipt**

Surname:		Given Names:			
Phone:		Title		Date of Birth	(DD/MM/YYYY)
Address:					
Suburb:		State:		Postcode:	
Email address:				Student No:	
Course Name:					
Did a third party pay your fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

### REFUND REASON

- Withdrawal from course (Withdrawal form can be found [here](#))
- Overpayment
- Medical Administration Training Pty Ltd cancelled the course/program
- Other (please state)

### Additional Information (if required)

### REFUND PAYMENT DETAILS (IF APPROVED, FUNDS WILL BE TRANSFERRED TO THIS ACCOUNT)

Account Name:					Bank Name:			
BSB:					Account Number:			

### STUDENT DECLARATION

I hereby affirm the information provided within this form to be true and accurate. I have read and understood the Fees, Refunds & Cancellation policy and understand that eligibility for a refund will be assessed based on this policy.

**Signature:**

**Date:**

**Name:**

### OFFICE USE ONLY

Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date:					
Refund Amount:		Date Paid		Transaction No:		Recorded in the Refund Register:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actioned By:				Signature:				