Withdrawal / Refund Form

1. Student Details:

USI Number:	Contact Number (Australia):
Family Name:	Given Name(s):
Address:	
E-mail:	

2. Details of the Job Skills Training Academy program you are withdrawing from or seeking a refund for

Course Code:_____ Course Name:_____

3. Enrolment Status:

- ☐ I have not yet commenced my course
- ☐ I have commenced my course (as per date of commencement), I am in week _____

4. Detailed reason for withdrawal:

5. Refund Details: (If approved, your refund will be debited into an Australian Bank Account within 10 business days.)

☐ Self – Refunded to you ☐ Third Party – Refunded to a third party

Name of Account Holder:	Name of Bank:
BSB Number:	Account Number:

6. Declaration

If the refund method selected is via a third party, I accept that by signing this form I have authorised Job Skills Training Academy to pay my refund payment to the third party account holder as specified on this form. I accept any fees owing to Job Skills Training Academy will be deducted from any refund payable.

I declare that the information on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for a refund. I hereby acknowledge that this refund application will be processed in accordance with the Job Skills Training Academy Refund Policy and Procedure, which I have read and understood.

Name of Student: _____ _____

Date: _____ **Signature of Student:** _____