

APPLICATION FOR A REFUND



Purpose

This document is to be completed when a student/employer is applying for a refund; a remission of debt; or applying to be withdrawn without penalty under extenuating circumstances.

Student details

Student name			
Postal address			
Email		Phone	
ACCCO Student ID		Date of Birth	

Qualification

CHC22015 Certificate II in CS	CHC50113 Diploma of ECEC
CHC30113 Certificate III in ECEC	CHC50213 Diploma of SAEC
CHC30213 Certificate III in ES	CHC50113 Primary Teacher Bridging Program
CHC40113 Certificate IV in SAEC	CHC62015 Advanced Diploma of CSM
CHC40213 Certificate IV in ES	Other:

Refund preferences

Please tick the appropriate box

If my application is approved, I do not wish to obtain a refund and would rather have credit remain on my student account for payment of future tuition fees.

If my application is approved, I wish to obtain a refund. I understand and accept that I am liable for certain financial costs and charges that may apply to me, as per ACCCO's refund policy, which is available on our web site.

Requested refund amount:	
--------------------------	--

Bank details for Electronic Funds Transfer (EFT) Refund*

Bank Name		Branch	
BSB		Account number	
Account name			

**Please note that if a third party has contributed to your fees, the refund will be awarded to the initial payer*

Reason for refund request

In the text box below, please summarise why you wish to apply for a refund; remission of debt; or for consideration to be withdrawn without financial penalty.

APPLICATION FOR A



Application process

1. Complete this application form, providing reasons for your refund claim with supporting documentation by either posting or emailing to:

Attention: ACCCO Finance Department
 1108 PO Box Fortitude Valley QLD 4006
 Email: info@accco.com.au

2. Your application will be processed within 4 weeks from the receipt of a complete application by the ACCCO Finance Department. If a favourable decision is delivered, please allow additional time of up to a maximum of 10 working days from the date of decision for the financial transaction to be completed and for the funds to be received
3. The decision to approve or not approve your application will be considered primarily on the basis of the independent supporting documentation submitted. It is your responsibility to ensure all relevant documentation is provided to ACCCO
4. If your application is approved, we will advise you the outcome of your application in writing. Important note: if you change your address or contact details after you have lodged your application, please notify the ACCCO Finance Department immediately.

Supporting documentation

If you have been affected by extenuating circumstances of an unexpected nature and wish to withdraw from your studies and obtain a refund/remission of debt, you must demonstrate that your circumstances:

- Were beyond your control; and
- Did not make their full impact until on or after the commencement date
- Affected you to the extent that you were not able to complete the requirements of the unit(s)

These circumstances may include (but not be limited to):

- A physical or psychological illness; or
- Personal or family circumstances, including a death or illness of a close relative; or
- A change in employment conditions.

Applications are assessed primarily on the independent supporting documentation provided to demonstrate your circumstances. The documentation should be provided either as originals or as certified original copies and, where appropriate, on official letterhead. Please note that the documentation must include the appropriate dates of all relevant events or illnesses.

1. If your reason is medical, you are required to supply any relevant medical certificates issued by your Medical Practitioner.
2. If your reason is employment related, you are required to supply a statement from your employer on company letterhead. A transfer of employment within the metropolitan area is not considered a valid reason. Self-employed workers must sign a statutory declaration and be able to demonstrate that the circumstances were not foreseeable prior to census date or to the last date to withdraw.

Declaration

I declare that the information I have given on this application is correct. I understand that if I knowingly make any false or misleading statements, I may be liable to disciplinary action. I also authorise ACCCO to gather and obtain any necessary information pertaining to this application.

Signature		Date	
-----------	--	------	--

**** Office Use only ****

Finance Officer – grounds for approval or non-approval				
	Approved		Not Approved	Refund Amount
Approving Officer				Signature
Date				

Document Title	Version	Date	Author
Refunds request form	v.1.2	30/10/2017	Compliance Manager