

Formal course withdrawal and refund form



Student details

Please circle:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	Date of birth:	
FAMILY NAME (Surname):			
GIVEN NAME (First name):			
Mobile:		Home Phone:	
Email:			

Course details

Details of the course you are withdrawing from:

Course code and title:	
Effective date of withdrawal:	

Reason for course withdrawal

- | | |
|---|--|
| <input type="checkbox"/> Personal or health reasons | <input type="checkbox"/> Change of circumstances |
| <input type="checkbox"/> Course not suitable | <input type="checkbox"/> Financial reasons |
| <input type="checkbox"/> Got a job | <input type="checkbox"/> Other (please specify below): |

- Student has been contacted 3 times by Field without success. No longer engaged in training activity. (Evidence attached)**

Signed on behalf of student by:

Field staff member name:	
Field staff member signature:	
Date of apparent withdrawal:	

For all apparent withdrawals, page 2 of this form DOES NOT apply.



Refund method

***It is your responsibility to ensure the details provided are correct.
If unsure, please confirm with your bank.***

- Self-refund to you
- Third party - Refund to third party (i.e. employer, parent, sponsor)

Electronic funds transfer (EFT)

Refund transferred directly into an Australian bank account

Name of account holder		
Name of bank		
BSB number		
Account number		

Declaration

If the refund method selected is via a third party, I accept that by signing this form I have authorised Field to pay my refund payment to the third party account holder as specified on this form. I accept that any fees owing to Field 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 refund. I hereby acknowledge that this refund application will be processed in accordance with the Field Refund policy, which I have read and understood.

Name of student:	
Signature of student:	
Date:	

How to submit this form

Print this document, sign and either post/deliver in person or scan and email to:

Field – Level 1, 969 Burke Road, Camberwell VICTORIA 3124
info@field.org.au

OFFICE USE ONLY

Date application received:	
Field staff member name:	
Field staff member signature:	