

Refund Application Form

All refund requests must be submitted in writing using this form. The completed form should be returned to Vostro for processing either in person or by mail. All requests will be reviewed within 28 days and any approved requests processed electronically in line with Vostro’s Refund Policy.

Section A - Applicant To Complete (To be completed by the employer/learner requesting the refund)	
1. Learner Details	
Name:	
Course Title:	Start Date:
2. Refund Type (Please tick the box that most accurately reflects your agreement with each statement.)	
Short Course (Non-Accredited)	
<input type="checkbox"/> Vostro Default – Course cancelled by Vostro or rescheduled to an unsuitable date/time	Full refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Up to 2 weeks prior to course commencement	Full refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Less than 2 weeks prior to course commencement or after commencement	No fees paid to date will be refunded
Nationally Accredited Qualification	
<input type="checkbox"/> Vostro Default – Course cancelled by Vostro or rescheduled to an unsuitable date/time	Full refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Prior to course commencement	Full refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Up to one (1) month after course commencement	Full refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Between one (1) and three (3) months after course commencement	50% refund of all fees paid to date
<input type="checkbox"/> Withdrawal – Over three (3) months after course commencement	No fees paid to date will be refunded
In the case of withdrawal, the date of withdrawal is:	
In the case of withdrawal, please provide a brief reason as to why the learner is withdrawing from the course:	
3. Refund Payment Details (Please list the bank account details to which the refund should be paid if approved by Vostro)	
Account Name:	Bank:
BSB:	Account No:
4. Applicant Signature	
Signature:	Date:

Please ensure any evidence that may support your refund application is attached to this form before submitting to Vostro.

Section B - Office Use Only (To be completed by the CEO or Authorised RTO Delegate)

1. Review of Refund Application

Refund Application Received On: _____ Refund Application Received By Mail By Email By Fax In person

Refund Payable Yes No *If yes, complete Section C. If no, advise applicant as to reasons why refund is not payable*

Section C - Office Use Only (To be completed by the CEO or Authorised RTO Delegate – Complete either Item 1 OR Item 2)

1. Refund Calculation – VOSTRO DEFAULT (To be completed where Vostro has canceled the course or rescheduled the course to a date/time that is unsuitable for the Learner and as a result, the learner will no longer be undertaking the course.)

Learner Name: _____

Course Title: _____ Start Date: _____

Total Fees Paid To Date In Relation To This Course: \$ _____

**The full amount of fees paid to date for this course will be refunded.*

Refund Reviewed By (Name): _____ Date: _____

2. Refund Calculation – WITHDRAWAL (To be completed where the student is withdrawing from the course.)

Learner Name: _____

Course Title: _____ Start Date: _____

Total Fees Paid To Date In Relation To This Course: \$ _____

Short Course

Withdrawal – Up to 2 weeks prior to course commencement (Full Refund – amount to match fees paid to date) \$ _____

Withdrawal – Less than 2 weeks prior to course commencement or after commencement (No Refund – amount to be zero) \$ _____

Nationally Accredited Qualification

Withdrawal – Prior to course commencement AND up to one (1) month after commencement (Full Refund – amount to match fees paid to date) \$ _____

Withdrawal – Between one (1) and three (3) months after course commencement (50% Refund – amount to be 50% of fees paid to date) \$ _____

Withdrawal – Over three (3) months after course commencement (No Refund – amount to be zero) \$ _____

Refund Reviewed By (Name): _____ Date: _____

Section C - CEO Approval (To be completed by the CEO or Authorised RTO Delegate - approving payment of the refund amount indicated above)

Refund Approved By (Manager Name): _____

Signature of Manager: _____ Date: _____

Submitted to Accounts on: _____
**Please ensure that the refund application and evidence supporting the payment of the refund is attached to this form.*

Section D - Accounts Use Only (To be completed by the CEO or Authorised RTO Delegate)

Refund Amount Paid: \$ _____ Receipt No: _____ Date Paid: _____

Processed By (Name): _____ Position Title: _____

Signature: _____ Remittance Sent Yes No

**Please ensure a copy of this form is filed in the students folder and the original filed with accounts.*