Vostro Institute of Training Australia Pty Ltd – RTO No. 22128 Address: Level 14, 459 Little Collins Street, Melbourne VIC 3000

Telephone: 03 9020 1433

Email: enquire@vostroinstitute.com.au

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.

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| **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)*** **Vostro** **Default** **– Course** **cancelled** **by** **Vostro** **or** **rescheduled** **to** **an** **unsuitable** **date/time** **Full** **refund** **of** **all** **fees** **paid** **to** **date**
* **Withdrawal** **– Up** **to** **2** **weeks** **prior** **to** **course** **commencement** **Full** **refund** **of** **all** **fees** **paid** **to** **date**
* **Withdrawal** **– Less** **than** **2** **weeks** **prior** **to** **course** **commencement** **or** **after** **commencement** **No** **fees** **paid** **to** **date** **will** **be** **refunded** **Nationally** **Accredited** **Qualification**
* **Vostro** **Default** **– Course** **cancelled** **by** **Vostro** **or** **rescheduled** **to** **an** **unsuitable** **date/time** **Full** **refund** **of** **all** **fees** **paid** **to** **date**
* **Withdrawal** **– Prior** **to** **course** **commencement** **Full** **refund** **of** **all** **fees** **paid** **to** **date**
* **Withdrawal** **– Up** **to** **one** **(1)** **month** **after** **course** **commencement** **Full** **refund** **of** **all** **fees** **paid** **to** **date**
* **Withdrawal** **– Between** **one** **(1)** **and** **three** **(3)** **months** **after** **course** **commencement** **50%** **refund** **of** **all** **fees** **paid** **to** **date**
* **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.**

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| **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.*