



RTO 46034 CRICOS 04152G

Surname		Given Names	
Student ID		Contact No	
Course name (List ALL courses enrolled)	<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery COE number: _____ <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management COE number: _____ <input type="checkbox"/> SIT50422 Diploma of Hospitality Management COE number: _____ <input type="checkbox"/> CPC40120 Certificate IV in Building and Construction COE number: _____ <input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building) COE number: _____ <input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management COE number: _____	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management COE number: _____ <input type="checkbox"/> BDB60420 Advanced Diploma of Leadership and Management COE number: _____ <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning) COE number: _____ <input type="checkbox"/> CPC30220 Certificate III in Carpentry COE number: _____ <input type="checkbox"/> MSF30322 Certificate III in Cabinet Making and Timber Technology COE number: _____	
Intended date of withdrawal			
I have read the IIFS Refund Policy and Procedure, and I believe I am entitled to a refund. <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Indicate the reason(s) for requesting a refund:	
<input type="checkbox"/> Visa refusal/cancellation <input type="checkbox"/> Medical (please provide documentary evidence) <input type="checkbox"/> Financial circumstance/hardship (please provide more details in Additional Information section) <input type="checkbox"/> The course has been cancelled <input type="checkbox"/> The course has been rescheduled to a time and location that is unsuitable (please provide more details in the Additional Information section) <input type="checkbox"/> The RTO ceases providing training and assessment for the course	<input type="checkbox"/> Staff quality inadequate <input type="checkbox"/> Insufficient study resources and facilities <input type="checkbox"/> Transferred to another provider (provide documents) <input type="checkbox"/> I have withdrawn from the course (withdrawal form filled in) <input type="checkbox"/> Other reason(s): _____ _____ _____

Additional Information If you have withdrawn from the course, you must provide details of your reasons. In some cases, IIFS may request that you provide additional evidence, such as withdrawal due to medical reasons.

Account details to refund to:	
Financial Institution name	
Name on account	
Relationship to student (if not student's account)	
Branch	
BSB	
Account Number	
International Accounts - Swift code/IBAN	

Student signature		Date	
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OFFICE USE ONLY	
Date and amount received from student	



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Refund deductions by IIFS (amount and description)	
Amount to be refunded	From TPS? <input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGER APPROVAL

<input type="checkbox"/> Refund approved		<input type="checkbox"/> Refund not approved	
Reason for non-approval:			
Manager Name and Department:			
Manager signature		Date	

FINANCE

Refunded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refund amount	\$	
Refunded by (signature)		
Refunded by (name and designation)		
Date refunded		