

Application for Refund

Please read the Learning Partnerships Refund Policy available on our website in full or on your Student Agreement, prior to completing this application.

Student details

First name		Family name	
Date of birth		Student ID	
Course Name and Codes		Course Start Date	

Reason/s for refund

- Withdrawing from course due to compassionate or compelling circumstances (attach evidence)
- I am changing education providers and I have a valid Letter of Offer from a new education provider
- I have failed to meet entry requirements / conditions on Letter of Offer
- Withdrawing from course due to academic difficulties
- Withdrawing from course due to personal reasons
- My enrolment has been cancelled due to a breach of Student Rules
- Other – give details below

Please attach supporting documentation.

List of documents attached

1. _____
2. _____
3. _____
4. _____
5. _____

Other comments (add pages as required)

Excerpt from Refund policy

No refund is available where participants leave prior to completing the course. However, should participants wish to finalise incomplete units of competency in a future course, the original fee can be used as a credit towards that course. This offer is available within a 12-month period from the time initial payment is made.

No refund is payable where students have had their enrolment cancelled by Learning partnerships due to any breach of the Student Rules.

Refunds will be considered on a pro-rata basis for students who fall ill or are injured to the extent that they can no longer undertake the course providing a supporting Medical Certificate is supplied to Learning Partnerships

Declaration

- I have received, read and understand the Learning Partnerships full refund policy and believe I am entitled to a refund as per the policy conditions stated below:

- I declare that the information I have provided on this application and attachments is true and correct
- I have received, read and understand Learning Partnerships Complaints and Appeals policy and procedure
- I have attached supporting evidence (if required)

Applicant – Name/Date and Signature (Parent Guardians must complete and sign for students under 18 years of age).

Name Date

Signature

Students are advised to make an appointment to discuss the situation with the Compliance Manager/ Director where possible.

OFFICE USE ONLY

Officer		Date received	
Signature			
Referred to			
Action taken			
Amount paid by student		Amount(s) eligible for refund	
Refund paid	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Date paid	
Comments			