

RTO Refund Request Form

The Refund Request form must be used to apply for a refund of any relevant fees and charges for course materials, text books, student, administration and training and assessment services. The form can be lodged to Communities@Work's Registered Training Organisation, Centre of Professional Learning and Education (CPLÉ) via email cple@commsatwork.org or sent by post to PO Box 1066, Tuggeranong ACT 2901.

Please note:

- Fee refunds will be issued in accordance with CPLÉ's Fees and Refund policy
- Students should read the Fee and Refund policy to establish your eligibility for the refund
- When the refund request has been approved by CPLÉ the refund will be issued to the name of the person who made the original payment
- Processing time for issuing refunds can take up to 30 days once the request has been lodged to CPLÉ
- Refunds will be issued via electronic funds transfer using an authorised bank account that is nominated on the Refund Request Form
- Refunds will not be considered without CPLÉ receiving a completed Refund Request Form

Personal Details:			
Date:			
Full Name:			
Email:			
Phone:			
Qualification/Course:	<input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> Other (please specify):		
Refund Request:	Invoice Number:		Amount:
Reason for Request: (please attach any necessary supporting documentation)			
Acknowledgement:			
I understand that my request for a refund will be processed in accordance with CPLÉ's Fees and Refund Policy. I also understand that I will have access to the CPLÉ's Complaints and Appeals process, should I not agree with the outcome or decision.			
Print Name:		Signature:	

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MASTER DOCUMENT – UNCONTROLLED WHEN PRINTED UNLESS SIGNED IN RED		

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AUTHORISATISED BANK ACCOUNT DETAILS <i>I authorise Communities@Work to process the refund into the following bank account</i>			
Financial Institution:		Branch:	
Name of Account holder/s:			
BSB:		Account Number:	
Account holder's Signature:		Account holder's Signature:	
<p><i>Please note: It is essential that the bank details are correct. Costs may be incurred by you if transactions are rejected or dishonoured. Any costs charged to Communities@Work will be transferred to your account.</i></p>			

OFFICE USE ONLY:			
Refund Authorisation:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Amount adjusted (please specify):		
RTO Comments:			
Print Name:		Position:	
Signature:		Date Processed:	