

RTO Refund Request Form

This RTO Refund Request form must be used to apply for a refund of any relevant fees and charges for qualification materials and training and assessment services where applicable.

The form can be lodged to the CPLE RTO Manager via email cple@commsatwork.org

PLEASE NOTE:

- Fee refunds will be issued in accordance with the RTO Fees and Refund policy.
- The completion of this form does not guarantee a refund of the fee being applied for.
- Students must read the RTO Fee and Refund policy to establish your eligibility for the refund.
- Students will be advised of the outcome of their request for a refund in writing within ten (10) business days of the RTO Manager receiving this completed RTO Refund Request Form.
- When the refund request has been approved by CPLE 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 thirty (30) business days once the request has been approved by the RTO Manager.
- 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 a completed Refund Request Form.

PERSONAL DETAILS OF STUDENT APPLYING FOR REFUND

Date of form completion			
Full Name of student applying for refund			
Email address of student applying for refund			
Phone number of the student applying for refund			
Qualification student us currently enrolled into with CPLE			
Refund Request	Invoice Number		Amount requested for refund
Reason for Request: (Please attach any necessary supporting documentation)			

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STUDENT ACKNOWLEDGEMENT

I understand that my request for a refund will be processed in accordance with CPLE's RTO Fees and Refund Policy.

I also understand that I will have access to the CPLE's Complaints Handling Policy and processes, should I not agree with the outcome or decision.

Student Full Name	
Signature	

AUTHORISATISED BANK ACCOUNT DETAILS

I authorise Communities at Work to process the refund into the following bank account

Financial Institution		Branch	
Name of Account holder/s			
BSB		Account Number	
Account holder's Signature			

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 at Work will be transferred to your account.

OFFICE USE ONLY

Refund Authorisation	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Amount adjusted (please specify): \$		
RTO Comments			
RTO Manager Name			
RTO Manager signature		Date Processed	

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