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| **Name:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Contact Number:** | Click or tap here to enter text. |
| **Course refund application is related to:** | *e.g.Certificate IV in Disability*  Click or tap here to enter text. |

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| **Please indicate the refund option relevant to your course and provide further detail if applicable:** |
| **Standard Qualification or Skill Set course refund**  Where a learner notifies genU Training of their intention to withdraw from a course between 1 and 14 days prior to the course commencement date, genU Training agrees to refund, within 30 days, all fees paid less: a $100.00 administration fee **OR** Where a learner notifies genU Training of their intention to withdraw from a course on or after the course commencement date, genU Training will refund all fees less: a $100.00 administration fee & a pro-rata tuition fee based on commenced units. The pro-rata tuition fee is calculated by multiplying the total nominal hours of the commenced unit/s by the hourly rate applicable on the learner’s statement of fees. |
| **Standard Short course refund**  Where a learner notifies genU Training of their intention to withdraw from a course 1 - 7 days prior to the course commencement date, genU Training will refund all fees paid, less a $100 administration fee **OR** Where a learner notifies genU Training of their intention to withdraw from a course on or after the course commencement date or does not show with no notification, no refund will be provided and full course fees are payable. If proof of extenuating circumstances is received, at the discretion of the Executive General Manager Employment & Training, the learner may:  • Be scheduled in to a future booking of the same course at no further fee, or  • Receive a partial refund of some fees |
| **Course refund outside of genU Trainings standard refund policy**  **(Refund must be approved by General Manager Education & Training)**  **Requested Refund Amount: $** Click or tap here to enter text. |
| **Please detail reason for refund:**  Click or tap here to enter text. |

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| **Learner Signature:** |  | **Date:** | Click or tap to enter a date. |

Please return this form to genU Training via **email** to[training@genu.org.au](mailto:training@genu.org.au)

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| **Office use only**  The following refund has been approved:   |  |  | | --- | --- | |  | Standard Qualification course refund | |  | Standard Short course refund | |  | A course refund outside of genU Trainings standard refund policy for the amount of:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |   ***OR***   |  |  | | --- | --- | |  | The refund has not been approved for the following reasons: | | Click or tap here to enter text. | |  |  |  | | --- | --- | | Authorised representative  name: |  | | Authorised representative  signature: |  | | Date: |  |   RTO Administration:   |  |  | | --- | --- | |  | Refund has been administered (If applicable) | |  | The learner has been informed of the refund application result |  |  |  | | --- | --- | | RTO Admin Name: |  | | RTO Admin Signature: |  | | Date: |  | |