

Section 1: Personal Details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify):					
Full Name:						
Workplace: (if applicable)						
Address:						
Suburb:				Postcode:		
Email:						
Contact Number:						

Section 2: Training Program

Code:						
Title:						
Commencement Date:						

Section 3: Refund Details

Invoice Number:						<input type="checkbox"/> Unknown
Amount:	\$					

Please provide the reason you're requesting a refund: (attach any supporting documentation)

Section 4: Declaration

I have read and understood the Fees and Refund Policy published on <https://www.skillinvest.com.au/> and I understand that my request for a refund will be processed in accordance with this policy.

Full Name:						
Signature:				Date:	/ /	

Please submit the completed and signed Refund Request Form to Skillinvest via email rto.administration@skillinvest.com.au and mark the title as 'Refund Request'.

Section 5: Skillinvest Authorisation

Please select the type of refund:

 Withdrawal Cancellation Transfer Other: (please specify)

Please select the outcome:

 Approved Declined Adjusted to \$

Please provide the reason/calculation of refund (if applicable):

Name:**Position:****Signature:****Date:**