



APPLICATION FOR REFUND

STUDENT DETAILS

Family Name: _____

First Name: _____

Date of birth _____

Reason/s for refund - (Please attach supporting documents) - *you are strongly advised to read the SIA REFUND POLICY IN FULL PRIOR TO APPLICATION*

- Visa refused (attach documentary evidence from DIAC)
- Withdrawing from course due to compassionate or compelling circumstances
- I am changing education providers *and* a Release letter has been granted by SIA
- Permanent residency status has been granted
- 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*

List Documents Attached:

Other -

Skilled Services Australia Pty Ltd trading as Skills Institute Australia

CRICOS CODE 03328G RTO CODE 32473

ABN: 34 150 413 219

1/10 Judds court, Slacks Creek, QLD-4127 Australia,
T 1300078839 , F 1300078839, E: sia@skill.qld.edu.au

W: www.skills.qld.edu.au



IMPORTANT - 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 SIA 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 Skills Institute Australia.*

DECLARATION

- I have received, read and understand the SIA full refund policy as per my formalization of enrolment agreement.
- I have received, read and understand the Complaints and Appeals process
- I declare that the information I have provided on this application and attachments are true and correct.
- I have attached supporting evidence (if required)

APPLICANT - Name/Date and signature

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

Office Use only:

DATE RECEIVED/OFFICER

ACTION TAKEN/REFERRED TO FOR ACTION

Refund paid and date -

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