

## Application for Refund

Please read the Skills Institute Australia Refund Policy available on our website in full prior to completing this application.

### Student details

Family name	
First name	
Date of birth	

### Reason/s for refund

- Visa refused (attach documentary evidence from the Australian Department of Immigration and Border Protection (DIBP))
- 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

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Please attach supporting documentation.

### List of documents attached

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Other comments

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**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 Skills Institute Australia 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 Skills Institute Australia 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)

Name ..... Date .....

Signature .....

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

OFFICE USE ONLY			
Officer		Date received	
Referred to			
Action taken			
Refund paid		Date paid	