

OFFICIAL: Sensitive//Personal privacy

Short Course Student Withdrawal and/or Refund Application Form TAFESIS028A

*TAFE SA will provide updates to students regarding the progress of their application.
Submission of this form does not guarantee a refund.*

Student Details

Given Name(s):	Surname:
TAFE SA ID No:	Date of Birth: / /
Phone Number: ()	Mobile Number:
Email Address:	
Postal Address:	
CITB Number (if applicable):	
Do you authorise TAFE SA to update your contact information as provided on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrolment Details

Course Code:	Course Title:	Semester:
Enrolment Type: (tick one) <input type="checkbox"/> Fee For Service / Full Fee Paying <input type="checkbox"/> Subsidised <input type="checkbox"/> Other		
Did a third party pay your fees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please complete if you are registered in a subsidised Skill Set		
Are you withdrawing from all units in the skill set? If yes, complete 1 – 4 below if applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No
1. I hereby permit TAFE SA to close my Subsidised Training Account.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have provided my details as per this form completely and truthfully.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that if there are any complications with closing my training account I will be contacted via the details on this form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I understand that by closing my training account for this skill set at TAFE SA, funding arrangements for this skill set may change in the future. If I wish to create a training account for this skill set in the future funding may no longer be available.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Program Details

Course Name	Start Date	Course Fee	Receipt Number

Reason for Refund Request

<input type="checkbox"/> Course Dropped before Start Date	<input type="checkbox"/> Class cancelled by TAFE SA
<input type="checkbox"/> CITB Rebate (Bank Details required below)	<input type="checkbox"/> Overpayment
<input type="checkbox"/> Pre-requisites not met: (Please Specify)	
<input type="checkbox"/> Exceptional Circumstances: (Please Specify)	

Please note that not all exceptional circumstances will result in a refund.

Refund Details (MANDATORY if not completed and signed no refund can be issued)

Payee Name:	
Email Address:	
Postal Address:	
Payment Type: <input type="checkbox"/> EFT Payment	
<small>NOTE: If you originally paid via credit card or BPAY we may refund back via the method of original payment. You are not required to provide your bank details below if you paid using credit card via the website.</small>	
Bank Name:	Bank Address:
BSB Number:	Account Number:
International Only - SWIFT:	Country:

Student Signature: _____	Date: _____
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Please submit completed form to shortcourses@tafesa.edu.au

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THIS PAGE TO BE COMPLETED BY TAFE SA STAFF ONLY

Administrative Tasks - Support Officer To Complete

Checked By:	Date Received:
Appropriate documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Registration status updated in SFAREGS? <i>(Must be completed before lodgement) NB: WN Code MUST be updated</i>	<input type="checkbox"/> Yes
Has student given permission for a Training Account Closure? (If Yes, complete below checks)	
The student has no active registrations in the skill set.	<input type="checkbox"/> Yes
The students biographical details are updated in SIS.	<input type="checkbox"/> Yes
SHADEGR check completed.	<input type="checkbox"/> Yes
Result check completed.	<input type="checkbox"/> Yes
Training Account check completed.	<input type="checkbox"/> Yes
Y or N – any other RTO Training Accounts open	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training account has been closed in S&E Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No

Support Officer Details

*Work Group:	*Print Name:
Campus:	*Phone:

***denotes mandatory fields**

Withdrawal and Refund Details

Transaction Number	Detail Code	CRN	Cost (\$)	CRN Start Date	Refund % (If Applicable)	CRN End Date

Delegate To Complete

<input type="checkbox"/> Approved <input type="checkbox"/> Declined <i>(REQUIRED FOR ALL REFUNDS)</i>	
Signature:	Date:
Full Name:	
Position Title:	

TAFE SA STAFF ONLY: This form must be sent to Accounts Receivable.