

1. Student Details:

Student Number:	Contact Number (Australia):
Family Name:	Given Name(s):
Address:	
E-mail:	

2. Details of the My Flex Training course you are withdrawing from or seeking a refund for:

3. Enrolment Status:

- I have not yet commenced my course
- I have commenced my course
- I have submitted my withdrawal form

4. Please give a detailed reason for the cancellation of your course:

5. Refund Details: (If approved, your refund will be debited into an Australian Bank Account within 10 business days.)

- Self – Refunded to you
- Third Party – Refunded to a third party

Name of Account Holder:	Name of Bank:
BSB Number:	Account Number:

6. Declaration

If the refund method selected is via a third party, I accept that by signing this form I have authorised My Flex Training to pay my refund payment to the third party account holder as specified on this form. I accept any fees owing to My Flex Training will be deducted from any refund payable.

I declare that the information on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for a refund. I hereby acknowledge that this refund application will be processed in accordance with the My Flex Training Refund Policy and Procedure, which I have read and understood.

Name of Student:

Date:

Signature of Student:

Office Use Only

Amount student eligible for refund \$ _____

- Refund Approved
- Refund processed by accounts
- Refund sent from Training to Accounts