

REFUND APPLICATION FORM

STUDENT DETAILS

Student name:	<input type="text"/>
Middle name(s):	<input type="text"/>
Surname:	<input type="text"/>
Student ID:	<input type="text"/>
Course:	<input type="text"/>
Workplace (if trainee or apprentice):	<input type="text"/>
Date of withdrawal:	<input type="text"/>

I have commenced my course at Collins Institute of Australia ☐ No ☐ Yes

If no, date of scheduled commencement as listed on Confirmation of Enrolment:

STUDENT'S CIRCUMSTANCES AND REASON FOR REFUND

Please select below:

- ☐ I was refused a student visa (please attach evidence)
- ☐ I currently owe fees and want them reconsidered
- ☐ Course was cancelled by Collins Institute of Australia
- ☐ Other (including Compassionate and Compelling Circumstances, if appropriate – please attach description and evidence)

I would like my refund paid to: ☐ Me ☐ Agent

If agent, please provide the following information about your nominated recipient:

Full name:	<input type="text"/>		
Unit/Street number:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Email:	<input type="text"/>		
Mobile:	<input type="text"/>		

PLEASE PROVIDE THE BANK ACCOUNT DETAILS FOR DEPOSIT OF YOUR REFUND, IF APPROVED:

Account name:	<input type="text"/>
Name of bank:	<input type="text"/>
Branch:	<input type="text"/>
BSB:	<input type="text"/>
Account number:	<input type="text"/>

REASONS

- Please provide detailed reasons for your application.
- Should you require more space, please attach a separate sheet.

DECLARATION / CONSENT

- I have read the refund policy and understand the terms and conditions.
- I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- I understand and agree to be bound by the institution policies and deadlines for the processing of refunds.
- I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution.
- I also authorise the Collins Institute of Australia to gather and obtain any necessary information pertaining to this application.
- I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

By signing this form, you agree:

- The information provided is true and complete.
- That you have attached all required supporting documents.

STUDENT'S SIGNATURE HERE

Date:

Please submit this completed form to Collins Institute of Australia in one of the following ways:

In person or by postal mail:	Collins Institute of Australia Level 6, 127 Liverpool Street, Sydney NSW 2000 Australia
By e-mail:	info@collins.edu.au

REFUND APPLICATION FORM

FINANCE DEPARTMENT ONLY

Requested date:	<input type="text"/>
First name:	<input type="text"/>
Middle name:	<input type="text"/>
Last name:	<input type="text"/>
Student ID:	<input type="text"/>
Course	<input type="text"/>
Intake date:	<input type="text"/>
Finish date:	<input type="text"/>
Agent name:	<input type="text"/>

Reason for refund request *Supporting document/s attached?*

Yes No

Tuition fees & other fees PAID by a student or on behalf of a student Tuition & other fees be REFUNDED in accordance with the Institute's Refund Policy.

REFUND REQUEST CALCULATION FORM

Enrolment Fee	\$	<input type="text"/>	Non - Refundable
Prepaid Tuition Fee	\$	<input type="text"/>	-\$ <input type="text"/>
Material Fee	\$	<input type="text"/>	
Overseas Student Health Cover	\$	<input type="text"/>	
Accommodation Placement Fee	\$	<input type="text"/>	Non - Refundable
Accommodation Fee	\$	<input type="text"/>	
Airport Transport Fee	\$	<input type="text"/>	Non - Refundable
CoE Issue Fee	\$	<input type="text"/>	Non - Refundable
TOTAL Prepaid Fees	\$	<input type="text"/>	
Enrolment Fee	-\$	<input type="text"/>	
CoE Issue Fee	-\$	<input type="text"/>	
Agent Commission Deducted (if applicable)	-\$	<input type="text"/>	
GST Deducted (if applicable)	-\$	<input type="text"/>	
Cancellation Fee (if applicable)	-\$	<input type="text"/>	
Agent Incentive (if applicable)	-\$	<input type="text"/>	
International Transfer Fee (if applicable)	-\$	<input type="text"/>	
TOTAL REFUND	\$	<input type="text"/>	

Please note:

Reimbursement in the case of provider (Collins Institute of Australia Pty Ltd) default is within (2) two weeks of the default date occurring to the student (sections 27(1) of the ESOS ACT 2000). In the case of student visa refusal and/or student default, the refunds will be made in accordance with the Institute's Refund Policy.

OFFICE USE ONLY

Account Checklist

Date actions made:	<input type="text"/>		
eCoE cancelled:	Yes	No	Initials:
Refund paid:	Yes	No	Initials:
RTOM updated:	Yes	No	Initials:
XERO updated:	Yes	No	Initials:

Refund Authorisation

Approved Due date:	<input type="text"/>
Rejected	
Director's signature:	<input type="text"/>
Date:	<input type="text"/>

Please note:

This and other information may be provided to the Australian Government (DHA), the designated authority (ASQA) and other government agencies in relation to administering the ESOS Act 2000, the National Code 2018 and/or the Migration Act (as amended).