

# Refund Request Form (F7)

For requesting a refund of fees paid



## PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

### Purpose of this form

This form should be completed and submitted by a student when requesting a refund of fees associated with a course enrolment or product purchase.

### Instructions

Please ensure you have read the form entirely before completing. Requests will not be actioned unless this form is completed as required. If this form is incomplete when submitted to us, it will not be returned to you. When submitting, please ensure you provide us with the original copy.

- Please use black or blue pen
- Print clearly in block letters

If you require assistance in completing this form, please contact us at support@foodsafety.com.au or by calling 1300 797 020

### Lodgement

Once you have completed this form, please return via email at support@foodsafety.com.au or by mail to:

AUSTRALIAN INSTITUTE OF FOOD SAFETY  
GPO BOX 436  
BRISBANE, QUEENSLAND  
AUSTRALIA, 4001

### Your Privacy

Your personal information is protected by law. The Australian Institute of Food Safety collects and stores the personal information of our students and customers for the purpose of delivering vocational education and training.

Any data collected by the Australian Institute of Food Safety complies with the Privacy Act 1988 (Commonwealth).

## REQUEST FOR REFUND

Refunds will be issued in accordance with our publicly available Refund Policy. Discretion may be exercised in situations where the student can demonstrate that extenuating or significant personal circumstance led to their course cancellation request. In these cases, the student will be offered a full credit toward the fee in another program in-lieu of a refund. Where refunds are approved, the refund payment will be paid within 14 days from the time the student submits this Request for Refund.

### 1. PERSONAL INFORMATION

FIRST NAME

LAST NAME

STUDENT ID

PHONE NUMBER

EMAIL ADDRESS

### 2. PURCHASE DETAILS

COURSE

PURCHASE DATE

 /  / 

REFUND TYPE

 Full Refund  Partial Refund

REQUESTED AMOUNT

\$     .

IF YOU PAID FOR YOUR ORIGINAL PURCHASE WITH ANY METHOD OTHER THAN CREDIT CARD OR PAYPAL® PLEASE PROVIDE YOUR BANK ACCOUNT INFORMATION BELOW

ACCOUNT NAME

BSB

 - 

ACCOUNT NO

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### 3. REASON FOR REFUND

PLEASE PROVIDE DETAILS OF WHY YOU BELIEVE YOU ARE ENTITLED TO A REFUND

### 4. STUDENT DECLARATION

I hereby certify that the information provided in this submission is true and correct and I authorise the Australian Institute of Food Safety to obtain verification of any evidence included as part of this submission and to reproduce any such evidence for administrative purposes. I understand that applicants who submit inaccurate, incomplete, fraudulent or misleading information may have their application returned and request for refund denied.

DATE

D	D	/	M	M	/	Y	Y	Y	Y
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SIGNATURE

