Application for Fee Refund

IMPORTANT INFORMATION:

This is a request only. All refund requests must be reviewed against the refund policy. You will be contacted if your application is unsuccessful.

*Refunds normally take about **20 working days**. Please make sure that all your information below is correct to minimise delays in payment.*

Section A: Personal Information

First Name:		Last Name:	
Student ID:		Course Code:	
Course Title:		Start Date:	
Telephone:		Email:	
Address:			

Section B: Reason for Refund

☐ Deferring ☐ Withdraw

☐ Credit Transfer ☐ Overpayments

☐ Other, please specify _____

Section C: Declaration by Student

I understand that all resource material borrowed from the institute must be returned and all outstanding fees must be paid prior to the issue of refund, I also acknowledge that if I am cancelling /deferring from the course, I will return my Student ID card to the reception. Failure to do so will result in my refund not being processed.

I understand a deduction of $250 applies to withdrawal from the entire courses. All refunds are subject to the Fees, Payments, and Refund Policy and Procedure.

Student Signature: _____ **Date:** _____

Construction Training Australia
RTO CODE: 46022   CRICOS CODE: 04139D

www.ctaustralia.vic.edu.au
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Unit 1 , 18-22 Prentice Street, Brunswick, VIC 3056

Version June 2025

Section D: Refund Method

Please select and complete one payment option only

☐ Option 1: Australian Banks

Account Name: _____

Bank Name: _____

BSB: _____

ACC: _____

☐ Option 2: Overseas Banks

Beneficiary Name: _____

Beneficiary Address: _____

Bank Name: _____

Bank Address: _____

Account Number: _____

SWIFT Code: _____

Overseas Phone No.: _____

Account's Currency: _____

Section E: Authority by Student

I authorise ANIBT to credit the above account details for the related refund. I accept full responsibility for any error that may occur due to inaccurate or eligible being provided on this form.

Student Signature: _____   **Date:** _____

Office use only (To be complete by Finance Department)				Office use only
Amount Paid	$	$	$	Refund process by:
Less $250				
		Total Refund Due	$	Date of received: / /
				Payment generated: / /

Signature of Authorising: _____

Date: _____

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