

ADEPT TRAINING

REFUND REQUEST

Date: (Insert today's date) _____

Name of person to receive refund: _____

Address: _____

Other Contact details: *(email/mobile/phone/fax)* _____

Course enrolled in: _____ Course Start Date: _____

Reason for refund

Amount paid for course/service: _____ Date paid: _____ Payment method: _____

Amount of refund less administration fee:
(All refunds attract a \$95 administration fee unless the course is cancelled by Adept Training)

Additional Comments: (optional)

This refund request is in line with Adept Training's Refund and Cancellation policy.

Adept Training Administration use only	PARTICIPANT VETTRAK ID No.:	
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APPROVED FOR PROCESSING REFUND: Yes No

Signature: _____ Date: _____
Felicity Berriman – Director

Participant informed of outcome <i>(Relevant Standard Letter sent)</i>	YES	No	Date sent: ____/____/____
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Refund processed	Cheque No: _____ Signature: _____ Authorised by	Date issued/posted: ____/____/____ Completed: <input type="checkbox"/> Filed: <input type="checkbox"/>
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