International Student Refund Application

Complete this form to apply for a refund. For information regarding your eligibility for a refund, please refer to the Refund Policy provided in your Written Agreement. Lodging a refund application does not automatically imply that a refund will be granted. Each refund application will be individually assessed for eligibility. An Administration Fee will be applied as outlined in the TAFE Queensland Student Rules and Policies.

COLLECTION NOTICE:
TAFE Queensland is collecting your personal information on this form for the purposes of assessing and processing refunds. In accordance with the Information Privacy Act 20029 (Qld), your personal information will only be accessed by staff employed by or on behalf of TAFE Queensland for this purpose. Your information will not be provided to any other person or agency unless you have provided TAFE Queensland with permission or as otherwise outlined in the TAFE Queensland Privacy Policy or where disclosure is permitted or required by law. Your information will be stored securely. If you wish to access or correct your information, discuss how it has been managed or have a concern or complaint about the way the information has been collected, used, stored, disclosed, please contact the TAFE Queensland Privacy Officer at privacy@tafeqld.edu.au.

STUDENT DETAILS – must be typed	Student Number:	
Family Name:	Given name(s):	
Email:	Mobile:	
Postal Address:	City or Suburb:	
State:	Country:	Post Code:

REASON FOR REFUND – must be typed			
☐	Withdrawal by student	**Special circumstances:**	
☐	Withdrawal by TAFE Queensland	☐	Medical circumstances (Supported by Doctors Statement)
☐	Visa Rejection	☐	Family circumstances (Supported by evidence or statement of the circumstances)
☐	Successful credit transfer application	☐	Course related circumstances (Supported by evidence or statement of the circumstances)
☐	Overpayment of fees	Other:	

REFUND DETAILS – must be typed	
Please indicate if this transfer is to you (self) or a Third Party's account.	
☐	Self (or if under the age of 18 – parent/legal guardian)
☐	Third Party (employer, parents, sponsor, family member etc.) I acknowledge the nominated account is not in my name and authorise the (Third Party) account holder to receive any applicable refund

Third Party details (if paying to a third party)	
Family Name:	
Given name(s):	
Relationship to you:	Email:
Telephone:	Address:

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CRICOS Provider Code: 03020E | Registered Training Organisation Code: 0275 | Institute of Higher Education: PRV13003

COMPANY NAME AND ABN (if applicable) – must be typed			
Company Name:		ABN:	

BANK DETAILS – must be typed			
Australian Bank Account			
Account holders name:			
BSB:		Account Number:	
Bank Name:			
OR			
International Bank Account			
Account holder's name:			
Account number:		SWIFT code:	
IFSC code (India):		IBAN number (Europe):	
Bank Account Currency:	Currency	Country:	Country
Bank Name:			
Bank Address:			
Is an Intermediary Bank required:	☐ Yes	☐ No	
Intermediary Bank Name:			
Country (select from drop-down list):	Country	Intermediary Account Number:	
SWIFT Code (routing number / BIC number):		Intermediary Account City:	
Intermediary Account Name:		Intermediary Account ABA Code:	

DECLARATION – must be typed					
☐	I accept that by signing this form I have authorised TAFE Queensland to pay my refund to the account holder as specified on this form, I accept that any fees owed to TAFE Queensland 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 request will be processed in accordance with the TAFE Queensland International Student Refund Policy, which I have read and understood.				
Student name:		Signature:		Date: dd/mm/yyyy	
If you are under the age of 18 and in the care and control of a parent or legal guardian, this declaration must also be signed by a parent or legal guardian.					
Parent / Legal Guardian name:		Signature:		Date: dd/mm/yyyy	

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