

Refund Application Form

All refund requests must be submitted in writing using this form to enable the efficient collection of required information for processing of refunds.

The completed form should be returned either in person or by mail to Phillips Institute at Level 1, 1060 Dandenong Road, Carnegie, Victoria 3163, or by email to info@phillips.edu.au. All requests will be reviewed within 28 business days and any approved requests processed electronically in line with Phillips Institute's Refund Policy.

In all cases where a refund is approved, the amount refunded will be as indicated less an administration fee, if applicable, and less the cost of any resources already delivered, used or not returned in as new condition, if any.

Section A - Applicant to Complete	
1. Student Details	
Name:	
Course Code & Title:	Start Date:
2. Refund Type (Please tick the box that most accurately reflects your agreement with each statement.)	
☐ Phillips Institute course cancellation or rescheduling to a date, time or mode not suitable for the student	Full refund of all fees paid to date (less cost of resources, if any**)
☐ Withdrawal – More than one (1) week prior to course commencement	Full refund of all fees paid to date (less cost of resources, if any**)
☐ Withdrawal – Less than one (1) week prior to course commencement	Refund of fees paid to date less administration fee (of \$250) and less cost of resources, if any**
☐ Withdrawal – After course commencement	No fees paid to date will be refunded
In the case of withdrawal, the date of withdrawal is:	
In the case of withdrawal, please provide a brief reason as to why the student is withdrawing from the course:	
3. Refund Payment Details (Please list the bank account details to which the refund should be paid if approved)	
Account Name:	Bank:
BSB:	Account No:
4. Applicant Signature	
Signature:	Date:

Please ensure any evidence that may support your refund application is attached to this form before submitting.
 **Resources may include: online learning units delivered, distance materials delivered, textbook/s, postage and handling, uniform/s, backpack, folders, placement fees, police check fees or any other resources already supplied.

Section B - Office Use Only (To be completed by the CEO or Authorised RTO Delegate)			
Review of Refund Application			
Refund Application Received:		Refund Application Received ☐ By Mail ☐ By Email ☐ By Fax ☐ In person	
Refund Payable ☐ Yes ☐ No <i>If yes, complete Section C. If no, advise applicant as to reasons why refund is not payable</i>			
Section C - Office Use Only (To be completed by CEO or Authorised RTO Delegate)			
Student Name:			
Course Title:			Start Date:
Refund Reviewed By (Name):			Date:
Refund Calculation			
Total Fees paid to date in relation to this course:			\$
Total Cost of any resources already delivered, used, not returned** (ensure this is deducted from any refund calculation; NB: this may be zero)			\$
☐ Phillips Institute has initiated the course cancellation or rescheduling to a date, time or mode not suitable for the student	Full refund of all fees paid to date (less cost of resources, if any**)	\$	\$ -
☐ Withdrawal – More than one (1) week prior to course commencement	Full refund of all fees paid to date (less cost of resources, if any**)	\$	\$ -
☐ Withdrawal – Less than one (1) week prior to course commencement	Refund of fees paid to date less administration fee (of \$250) and less cost of resources, if any**	\$	\$ - 250.00 \$ -
☐ Withdrawal – After course commencement	No fees paid to date will be refunded	_____	
Total Refund			\$
Section D - CEO Approval (To be completed by CEO or Authorised Manager - approving payment of the refund amount indicated above)			
Refund Approved By (Manager Name):			
Signature of Manager:			Date:
Submitted to Accounts on: <i>Please ensure that the refund application and evidence supporting the payment of the refund is attached to this form.</i>			
Section E - Accounts Use Only (To be completed by the CEO or Authorised RTO Delegate)			
Refund Amount Paid: \$		Receipt No:	Date Paid:
Processed By (Name):		Position Title:	
Signature:		Remittance Sent ☐ Date sent:	

*Please ensure a copy of this form is filed in the student's folder and the original filed with accounts

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