



APPLICATION FOR REFUND - WITHDRAWAL/DEFFERAL FORM

Please Note: Applications for refunds may take up to 5 working days to be processed. We do not provide refunds in cash. Refunds will only be processed into a clients account.

Course Name:	
Course Code:	
Course Start Date:	
Trainer/ s:	
Student Name:	
Company Name: (if applicable)	
Address:	
State:	Postcode:
Phone:	Fax:
Reason for: Refund and Withdrawal Deferral (please give your reason for withdrawing with a refund or deferring):	
Please provide your accour	t details below for Direct Deposit.
Name on Account:	
Bank Name:	
Bank Address:	Postcode:
BSB Number:	
Account Number:	
Office Lies Only Outline en	ion taken and automa
Office Use Only: Outline action taken and outcome.	
Refund: Deferral: Fee Held in Tru	Paid Not Paid Date Paid:
Star Training Staff Member	Signature: Date:
Star T	raining Academy – Form 16 Application for Refund – Version 2.3 July 2023
RTO: 91349 <u>info@startraining.edu.au</u> Tel: 02 9897 5622	

Unit 27A South St, Granville, NSW 2142