

## Refund Request Form

Date (dd / mm / yyyy)		VETtrak Student Number	
Student Family Name			
Student Given Name			
Postal Address			
Email			
Telephone		Mobile	

Employer			
Name of Employer Representative			
Employer Address			
Email			
Telephone		Mobile	

Reason for Refund	
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Refund Details			
Bank account refund to be paid to	Account Name: _____		
	Bank Name: _____ Branch _____		
	BSB		Account Number
Amount Paid \$		Refund Amount recommended to be paid	
Prepared by AMCA representative (Print Name)		Date	

<b>Office Only</b>
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<b>Refund Details</b>
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<b>AMCA Approval</b>	Signature	<b>Refund Amount Approved to be paid</b>	
	Print Name	<b>Date approved</b>	

<b>Refund Amount Paid</b>		<b>Date Refund Paid</b>	
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<b>Payer Details</b>	Signature
	Print Name

**Privacy statement**  
*The information on this form is collected for the primary purpose of assessing your application for the refund of student fees. AMCA may use the information provided in the application to update your personal details in the student system. Your personal information will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law. You have a right to access personal information that AMCA holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information, please contact AMCA's RTO representative.*