

# **Course Cancellation Form**

#### **INSTRUCTIONS:**

Learners must use this form when requesting to cancel their enrolment:

- Before applying for cancellation, it is recommended you discuss this matter with your Client Services Coordinator
- Complete all sections of the form, and return to Client Services

#### **1. LEARNER DETAILS**

Title: (Please tick)	Mr 🗌	Ms 🗌	Mrs 🗌	Miss 🗌	Other 🗌
Family Name:					
Given Names:					
Residential Address:	Post Code:				
Contact number:					
Email:					
Date of Birth:					Gender: M 🗌 F 🗌

#### **2. ENROLMENT DETAILS**

Course code:	
Course title:	
Date of enrolment:	
Reason for cancel	Increased workload   Transfer to another RTO   Personal difficulties   Dissatisfaction with the course, provide details:   lation:   Other, provide details:
Cancellation effect from, insert date:	tive



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#### **3. CONDITION OF CANCELLATION**

Cancellation request is within the 10 calendar day cooling off period:

☐ Yes 🗌 No

#### **Please note:**

Cancellations made within the cooling-off period will be issued a refund, less the non-refundable deposit. Cancellation requests made after the cooling-off period will not be issued a refund; or if you have a payment plan, the plan will not be cancelled, and direct debits will continue until all payments have been finished. Please refer to the Terms and Conditions of Enrolment for full details.

### ACCOUNT DETAILS :

ACCOUNT DETAI	IT DETAILS : APPLICABLE: NOT APPLICABLE:					
Account type:	Savings	🗌 Debit		Cheque account		
Name of bank:						
BSB:				Account number:		

#### **5. ACKNOWLEDGEMENT**

By signing this Application for Enrolment Cancellation Form, I accept: The cancellation is subject to the approval by National College Australia, and the agreed Terms and Conditions of Enrolment.

Full Name:	
Signature:	
Date:	

#### **OFFICE USE ONLY**

Refund to be issued / Direct debit payment cancelled	☐ Yes ☐ No		
Refund / Direct debit cancellation approved by the PEO	Initial:	Date:	
Refund amount	\$		
Date forwarded to finance:	Initial:	Date:	
Comments:			