

REQUEST FOR COURSE WITHDRAWAL, CANCELLATION – FORM

To be filled out by the Participant and submitted to the Administration Department by email

Participant Name:		Participant ID Number:	
Address:			
Telephone/ mobile:		Email:	
Course:			
Explain why you are notifying Nurse Training Australia that you are withdrawing or cancelling your enrolment in your course :			
Evidence to support your application (medical certificate and letters or other information)			
Course Withdrawal , Cancellation Policy : Important Information			
<ul style="list-style-type: none"> • You must submit notice of your intention and the request for a refund in writing. • You must be up to date with course fees at the time of the request. • Your request will be assessed following the refund policy in the term and conditions of enrolment • If your request is successful you will be required to pay an administration fee. • You will be issued with Statements of Attainment for units completed and paid to date. 			
Declaration			
I have read and accept the policy and declare that the information provided is correct and complete. I understand that any refund must comply with the terms and conditions.			
Participant Signature:		Date:	

For Office Use Only

Name correct	ID correct	Date received	
Course Expiry Date	Fee status	Decision	APPROVED /NOT APPROVED
Database updated	Refund amount	SofA issued	
Notes		Initials	