Refund Application Form

RTO Details	
RTO Name	Prosafe
RTO Number:	31841
CRICOS Code:	Not Applicable
Address	29 Armstrong Way
Suburb, State, Postal Code	Highland Park, Qld, 4211
Email | Phone	admin@prosafetraining.edu.au

Section A – Student Details	
Date:	
First Name:	
Surname Name:	
Address:	
Suburb, State, Post Code:	
Email | Phone:	
Course Name:	
Date of Withdrawal:	

Section B – Enrolment Status

☐ I have commenced my course

☐ I have not commenced my course

☐ I currently owe fees and want them reconsidered

Section C – Reason for Refund Request

(Attach additional pages if required)

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Section D – Evidence Attached

List all supporting evidence attached to this Refund Application Form:

☐ Proof of payment

☐ Withdrawal approval documentation

☐ Medical certificates (if applicable)

☐ Other:

Section E – Payment Details

Payment Component	Amount Paid ($)
Deposit Paid	$ _____
Enrolment Fee Paid	$ _____
Tuition Fee Paid	$ _____
Material Fee Paid	$ _____
Other Fee Paid (Specify):	$ _____
TOTAL PAID	$ _____
Refund Request Amount	$ _____

Section F – Bank Account Details

(For refund payment, subject to approval)

- Account Name:
- Bank Name:
- BSB:
- Account Number:

Section G – Student Declaration

✓ I declare that the information provided in this application is true and correct.

✓ I understand that my refund request will be processed in accordance with Prosafe's Refund Policy.

✓ I acknowledge that processing times may vary based on the nature of my request.

Student Signature:

Date:

Section G – Office Use Only

Item	Details
Student Name:	
Total Granted Refund Amount $:	
Processed by:	
Approved by:	
Date Processed:	

Ensure all documentation is recorded in the SMS and student file.