



C3G Cancellation and Refund Form

Instructions

This form is used to confirm that the signatories have agreed that the student has cancelled from the qualification and in addition is requesting a refund.

The cancellation may be an agreed or one-sided cancellation. One sided cancellations are instigated by the RTO if student contact cannot be made as per internal procedures.

Once this form is submitted, Pro-Lift Training & Assessment Services will issue the applicable certification within 14 working days. Please complete the relevant sections below.

Student and Training Details

Student First Name: Student Surname:

Student PLT Number: Date of Birth:

Phone No:

Email:

Qualification:

Please Note:

If the student is under 18 years of age, that parent or guardian who signed the enrolment form must also complete and sign this form.

Parent Guardian Name (if student is under 18)

Parent/Guardian Contact No:

1. Cancellation Declaration

Please indicate the cancellation type below.

Agreed cancellation

One sided cancellation

Reason for cancellation:

.....

.....

Cancellation date:

Student signature:

Parent/Guardian Signature (if student under 18):

RTO Representative Name:

RTO Representative Signature:

Document Name	Version	Created by:	Created Date	Revised Date	Page
FM – 124 C3G Cancellation and Refund Form	1	PM	08/03/2018		1



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2. Refund Request

Student Name:

Company (where applicable):

Company Contact Name:

Phone No:

Email:

Please provide a detailed explanation of the reason(s) why you are asking for a refund:

Amount paid (\$):

Refund amount requested (\$):

Invoice No and Date (where applicable):

Bank Account Details for Refund:

Account Name:

BSB No:Account No:

Signature:Date:

Administration Only:

Application approved for refund: Yes No

Feedback provided: Yes No

Comments: _____

Refund amount (\$) _____ Date to be refunded: _____

Employee Name: _____ Date: _____

Document Name	Version	Created by:	Created Date	Revised Date	Page
FM - 124 C3G Cancellation and Refund Form	1	PM	08/03/2018		2