

## REFUND REQUEST FORM

By completing this form, you are requesting to apply for a full or partial refund from Australia Wide First Aid. Each refund request is reviewed upon its own merits in line with Australia Wide First Aid Refund policy and procedure.

This form must be completed in full and submitted to [accounts@australiawidefirstaid.com.au](mailto:accounts@australiawidefirstaid.com.au)

A written reply will be sent to you within five (5) business days with the determined outcome. If successful, a refund will be made as per the Refund policy and procedure.

<b>Full Name:</b>		<b>Date:</b>	
<b>Company Name: (If applicable)</b>		<b>Contact Number:</b>	
<b>Street Address</b>		<b>Course Name</b>	
<b>Email:</b>		<b>Couse Date / Location:</b>	
<b>Invoice Number</b>		<b>Amount Paid:</b>	<b>Amount Claimed:</b>

*In the box below, please provide details of the reason for requesting a refund*

*In the box below, please provide credit card details OR bank details to be refunded*

**Credit Card Details**

<b>Full Name on Card:</b>		<b>Credit Card Number:</b>	
		<b>Expiry Date:</b>	

**Bank Details**

<b>Account Name:</b>	
<b>BSB:</b>	<b>Account Number</b>

### OFFICE USE ONLY

<b>Received By:</b>		<b>Received Date:</b>	
<b>Refund Approved:</b>	<b>If No, Why?</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Amount Approved:</b>		<b>Credit Note:</b>	
<b>Date Approved:</b>		<b>Date Refunded:</b>	
<b>Approved By:</b>		<b>Refunded by:</b>	
<b>Signature:</b>		<b>Signature:</b>	

**Related Standard/s:** Clause 5.3