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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Refund Request Form** | | | | | | | | | | | |
| By *completing* this form, you are requesting to apply for a full or partial refund from Premium Health.  Each refund request is reviewed upon its own merits in line with Premium Health’s Refund policy and procedure.  This form must be submitted to the Finance Officer of Premium Health:   * Finance Officer: Marina Gutkin * Email: Marina@premiumhealth.com.au * Phone: 03 9530 7111   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. | | | | | | | | | | | |
| Student Name: | |  | | | | | | Date: | | | \_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_ |
| Company Name: | |  | | | | | | | | | |
| Email Address: | |  | | | | | | Contact Number: | | |  |
| Street Address: | |  | | | | | | Invoice Number: | | |  |
| Amount Paid: | |  | | | | | | Amount Claimed: | | |  |
|  | | | | | | | | | | | |
| *In the box below, please provide details of the reason for requesting a refund.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I hereby declare that all details in this request are true and accurate. | | | | | | Signature: | |  | | | |
| ***OFFICE USE ONLY*** | | | | | | | | | | | |
| Received by: | | |  | | | | | Date: | | \_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_ | |
| Course materials were distributed | | | Yes / No | If Not, Why: |  | | | | | | |
| Refund Approved: | | | Yes / No | If No, Why: |  | | | | | | |
| Authorised by: | | |  | | | | | Refund Number: | |  | |
| Amount Refunded: |  | | | | | | Refund Issued Date: | | \_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_ | | |

**Related Standard/s:** Clause 5.3