IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE
13 Benowa Road Southport
Postal: PO Box 4931, Bundall, Qld 4217

Phone: +61 7 5552 0900
E-mail:info@imagineeducation.com.au
ABN: 27 620 585 615

REFUND APPLICATION

STUDENT NAME: _____ **D.O.B.**:_____

ADDRESS: _____

EMAIL: _____
(Acknowledgement will be sent to this email address)

IS THE STUDENT SVP? Yes / No (Please Circle)   **STUDENT NUMBER:** _____

COURSE NAME: _____

AMOUNT PAID: _____   **DATE PAID TO:** _____

FEES OWING $_____   **FEES PAID ON FUTURE COURSE/S** $ _____

REASON/S FOR REFUND	Has this course had a change of start date (please circle)?
☐ Visa Refused	Y or N
☐ Enrolment cancelled prior to course commencement	**If Yes, Original Date:** _____
☐ Failed to commence	**Verified by:** _____
☐ Course cancelled by Imagine Education Australia	
☐ Other	

PAYMENT DETAILS

SWIFT CODE	
BSB	
ACCOUNT NUMBER	
ACCOUNT NAME	
BANK NAME	
BANK ADDRESS	

Declaration
I hereby apply for a refund of fees paid and acknowledge that this refund application will be processed in accordance with Imagine Education Australia Refund Policy, which I have read and understood.
If you are not happy with the College's decision, you can lodge a formal internal appeal with the College Principal. This formal appeal should be in writing. You have twenty (20) working days from the date of this letter to submit a written letter (notice of appeal) to the College Principal.

Signature: _____   Date: _____

FOR OFFICE USE ONLY			
Received by:		Date Received:	/ /
Sent to Director of Education:		Date Sent:	/ /
Approved/Declined by:		Date:	/ /
OSHC policy purchased/paid for:		Date:	/ /
OSHC policy cancelled:		Date:	/ /
Sent to accounts on approval:		Date Sent:	/ /
REASON if declined:			
Letter sent re: receipt of application		Date Sent:	/ /
Refund sent to student:		Date Sent:	/ /
Refund received by student:		Date:	/ /
Total amount paid: AUD$	Deductions: AUD$	Amount of refund: AUD$	
Actioned by:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /
Agent & Account Manager Advised:		Date Sent:	/ /

IMAGINE EDUCATION....Investing in imaginations
www.imagineeducation.com.au
CRICOS Provider No: 02695C
National Provider Number 31302
J:\Documents\Forms\Refund Application\Refund Application Version 3.docx