

REFUND REQUEST FORM

All refunds will be processed in accordance with the Cornzal Workforce Development's Fee Administration and Refund Policy.

Please note that the administration fee of \$25% of the full course fee payable (non-discounted) or a minimum of \$250 (whichever is greater) non refundable. Refunds request are subject to the review and approval of Cornzal Workforce Development's management.

Student Details							
First Name:	Enter Text		Surname:	Enter Text			
Date of Birth:	Enter Text		Email:	Enter Te	Enter Text		
Postal Address:	Enter Text			Postcode: Enter Text			
D.C. ID.L.T.							
Refund Details							
Enrolment Date:	Enter Text		e Number:	Enter Text			
Invoice Paid:	Enter Text	Course	e Code:	Enter Text			
Course Name:	Enter Text						
Type of Refund:			☐ Course Transfer				
☐ Cancellation of	Enrolment		□ RPL Approved				
☐ Withdrawal fro	m Training		☐ Other : Enter Text				
Refund Payment Method							
Refunds must be r	eturned to original payment met	hod.					
Select ONE Payme	ent Method: 🗆 Direct De	eposit	☐ Credit Card				
☐ Direct Deposit							
·							
Account Name: Enter Text			Bank: Enter Text				
BSB: Enter Text			Account Number: Enter Text				
☐ Credit Card							
Card Type: ☐ Visa ☐ Mastercard			Card Holder Name: Enter Text				
Card Number: Enter Text			Card Expiry: Enter Text				
Withdrawal from Training Form Course Start Date:							
Course Start Date: Have you completed the Withdrawal from Training Form?							
□ Yes □ No							
If no, please complete the Withdrawal from Training Form for your request to be processed.							

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RTO Code: 31663

Our Vision: Transforming individuals, solutions for business

Our Mission: To develop a skilled workforce by delivering innovative blended training



Declaration				
☐ I understand that my request for a refund will be processed in accordance with Cornzal Workforce Development's Fee Administration and Refund Policy.				
Student Signature:	Date: Enter Text			

Once this form is completed, please return to Cornzal Workforce Development.

Email: rtoadmin@cornzal.edu.au | Phone: 07 3556 3801



VERSION CONTROL

Version Control Table							
Date	Summary of Modifications	Modified by	Version	Date of Implementation	Next Review Date		
19/12/2022		Admin Cornzal	v. 1.0	Date 19/12/2022	Date 19/12/2023		
28/12/2022	Document Update - Payment Method	Admin Cornzal	V1.1	28/12/2022	28/12/2023		

RTO INFORMATION		
Document Name	Refund Request Form	
RTO/Company Name	Cornzal Workforce Development	
RTO Code	31663	
Manager	Quality and Compliance Manager	