Refund Application Form

Student Details

Student ID: ____________________________ Date of Birth: ____________________________
Family Name: ____________________________ Given Name: ____________________________
Email: ____________________________ Mobile: ____________________________

Tuition Fees Refund Details

Course Name: ____________________________ Course Code: ____________________________
Has course already been commenced? Yes ☐ No ☐ Course Commencement Date: ______/_____/______
Overseas Student Health Cover (OSHC) refund required: Yes ☐ No ☐

Please outline the reasons/circumstances for seeking a refund:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Declaration

☐ I have read and fully understood the Refund Policy.
☐ I understand that completing this form does not guarantee a refund.
☐ I authorize Baxter Institute to pay my refund to the nominated Bank Account/Credit Card as specified on this form. I understand that the accuracy and legibility of the provided banking details is my sole responsibility.
☐ I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student Signature: ____________________________ Date: ______/_____/______

Please tick your preferred method of payment:

☐ Electronic Funds Transfer (EFT) - Australian bank account (*)
Account Name: ________________________________________________
Account Number: ___________________ BSB: ___________________
Bank Name: __________________________________________

☐ Credit Card details for refund (**)
Card Holder’s Name: ____________________________________________
Card Number: ____________________________ CVV: ____________________________
Expiry Date: ______/_____/_______

☐ Overseas Telegraphic Transfer - overseas bank account (*)
Account Holder’s Name: ____________________________________________
Account Holder’s Address: ____________________________________________
Account Number: ____________________________ SWIFTCODE: ____________________________ IFSC(if applicable)
Bank Name: ____________________________________________
Bank Address: ________________________________________________

(*) The refund will be paid to the student or another person nominated only once confirmed by the student in writing on this form (FN108). Any variations to the information on the form will require additional written consent from the student.
(**) Only when a credit card was used to make payment(s), the Institute will refund the amount to the credit card used for the payment(s).

FOR OFFICE USE (use Refund Calculation Form and to be attached)

Date form received: ______/_____/______ Administrator Name: ____________________________ Signature: ____________________________

Student/Agent Notified: Yes ☐ No ☐ Date: ______/_____/______

Notes: ____________________________

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