

REFUND REQUEST

Refunds will be considered on a case-by-case basis and only be granted in accordance with ICG Training and Consultancy Services Pty Ltd (ICG)'s Fees and Refund Policy Procedure. Refunds are not automatically granted. Non-refundable administration fee may be retained. Refunds are only payable directly to the person responsible for original payment.

Personal Information			
First Name:		Surname:	
Address:			
Phone:		Date of Birth:	
Email:			
USI Number:			
Program Details			
Qualification Code and Title: <i>(If applicable)</i>			
Course Commencement Date:			
Total Fees Paid:	\$		

1. Have you already discussed this request with a staff member?

- No Yes, please provide details:

2. Have you read and understood the Fees and Refund Policy Procedure?

- No Yes

If no, please access this policy procedure from one of our friendly staff, from your student portal or from ICG.

3. Please indicate the reason for the refund:ICG Tra

Reason for Refund
<input type="checkbox"/> ICG has cancelled the course
<input type="checkbox"/> My situation has changed
<input type="checkbox"/> Transferring to another provider
<input type="checkbox"/> I wish to withdraw or cancel from the course
<input type="checkbox"/> Other: _____

4. Please attach evidence or supporting documentation:



Student Declaration

In submitting this refund request, I confirm that:

- I have read the Fees and Refund Policy Procedure.
- A non-refundable administration fee of **20% of the course fees** may be payable.
- The information I have provided is correct to the best of my knowledge.
- I understand that my request will be acknowledged and will be forwarded to the Managing Director.
- The information I provide will be treated with appropriate confidentiality and will not be disclosed to a third party unless required for the management of my Complaint or by law.

Student Signature: _____ Date: _____

Please return this completed form along with any supporting documentation to ICG.

OFFICE USE ONLY

Application Approved:			
Yes	No	Comments:	
<input type="checkbox"/>	<input type="checkbox"/>		
Date of Effect:		Fees Paid:	\$
<input type="checkbox"/> YES	Credit Amount: \$	Expiry Date: _____	
<input type="checkbox"/> YES	Refund Amount: \$		
<input type="checkbox"/> NO	Reason:		

Managing Director: _____ Date: _____