

SCHOOL APPLICATION FOR A REFUND FORM

**REQUESTS FOR REFUNDS WILL BE ASSESSED IN ACCORDANCE WITH THE
CONNECT 'N' GROW® REFUND POLICY.**

**PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE REFUND
INFORMATION ON OUR WEBSITE.**

By filing in this form, you are requesting to apply for a refund of fees in part or full. Each refund request is looked at on an independent basis.

This form must be lodged to Connect 'n' Grow® within the time frame relevant to the particular type of refund request as outlined in our refund policy.

A response will be issued to you within 10 business days and if successful a refund will be made as per the refund policy.

School Details			
Program Manager:		Phone Number:	
School Name:			
Address:			
Suburb:		Post Code:	
School Phone:		Email:	

Payment Details			
Account Name:			
BSB:		Acc. Number:	

Course Details			
Code		Title:	
Amount Claimed:	\$		

Reason for Refund (Please Tick)	
<input type="checkbox"/>	Withdrawal from current enrolled course at Connect 'n' Grow®
<input type="checkbox"/>	Overpayment of course fees relating to units not yet completed
<input type="checkbox"/>	Loss of student numbers, if so, by how many _____
<input type="checkbox"/>	Students withdraw from a future scheduled course with Connect 'n' Grow®
<input type="checkbox"/>	Connect 'n' Grow® is unable to provide the course for which the original offer was made
<input type="checkbox"/>	Other _____

Declaration			
Signature:		Date:	

Please return to:
 Connect 'n' Grow®,
 313-315 Ross River Road,
 Aitkenvale QLD, 4814
 or email to admin@connectngrow.edu.au

OFFICE USE ONLY (CONNECT 'N' GROW®)			
Received by:		Date:	
Authorised by:		Outcome:	
Date if refund issued:		Refund Amount:	