

Student Name:	
Student Address:	
Phone:	
Qualification Code and Title:	
Course Start Date:	

Complete the following details of your Refund Application		
Invoice Date	Details of Invoice	Reason why refund is being sought

Please return your completed application form to:

By Mail:

Apex HR
PO Box 202
Chadstone Centre
CHADTSONE VIC 3148

In Person:

Apex HR
Chadstone Tower 1, Level 8
1341 Dandenong Road
CHADTSONE VIC 3148

Office Use Only	
Receiving Officer	Date Received: ___/___/___
Operations Manager	Date Received: ___/___/___ Has the refund been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the amount to be refunded? _____ Signature: _____ Date: _____
Finance Officer	Date Processed: ___/___/___ Signature: _____ Date: _____