All persons applying for a refund must complete this Refund Request form

* If the request is for a refund of course fees only, the **Refund Request Form** can be emailed to accounts@ocdtac.com
* If the request is for a refund for the return of goods, the completed Refund Request Form must be submitted along with the goods being returned. Returns should be posted to OCD Training, Assessing & Consultancy 14099 Cunningham Hwy Rosenthal Heights QLD 4370.
* All goods being returned must be in as new condition and must be “complete” sets
* An administration charge will apply to some refunds.
	+ Refund of course fees - $15 administration charge
	+ Refund of goods purchased - $30 administration charge

**Student / Organisation Details (please print)**

|  |  |
| --- | --- |
| **Name:** | **Click or tap here to enter text.** |
| **Address:** | **Click or tap here to enter text.** |
| **Email Address:** | **Click or tap here to enter text.** |
| **Telephone Number:** | **Click or tap here to enter text.** |
| **I am applying for (Please select one (1) option below):** |  |
| **Refund**[ ]  | **Credit**[ ]  |

**Request Details**

|  |  |
| --- | --- |
| **I / we wish to be refunded for the following: (please select)** |  |
| **Course Fee** [ ]  | **Goods Purchased** [ ]  |
| **Description of Goods:Click or tap here to enter text.****Click or tap here to enter text.** |  |
| **Invoice Number of Original Purchase:** | **Click or tap here to enter text.** |
| **Reason for Refund:** | **Click or tap here to enter text.** |
| [ ]  **Incorrect Goods Ordered** | [ ]  **Stores No Longer Required / Course Cancelled** |
| [ ]  **Course No Longer Required** | [ ]  **I Will Be Studying with Another Provider** |
| [ ]  **Unable to Attend on Scheduled Date** |  |
| [ ]  **Other: (please specify) Click or tap here to enter text.****Click or tap here to enter text.** |  |

**Refund Options – (please select and complete one (1) option**

|  |  |
| --- | --- |
| [ ]  **Option 1 – Refund by Cheque (please insert details of person / organisation to whom cheque is to be issued)** |  |
| **Name:** | **Click or tap here to enter text.** |
| **Address of Payee:** | **Click or tap here to enter text.** |
|  |  |
| [ ]  **Option 2 – Refund to a Bank Account** |  |
| **Bank Name:** | **Click or tap here to enter text.** |
| **Account Name:** | **Click or tap here to enter text.** |
| **BSB Number: (six digits)** | **Click or tap here to enter text.** |
| **Account Number (maximum nine digits)** | **Click or tap here to enter text.** |
|  |  |
| [ ]  **Option 3 – Refund to Credit Card** |  |
| **Cardholder:** | **Click or tap here to enter text.** |
| **Card Type:** | [ ]  **VISA** [ ] **MASTERCARD** |
| **Card Number:** | **Click or tap here to enter text.** |
| **Expiry Date: (MM/YY) Click or tap here to enter text.** | **CVV Number: Click or tap here to enter text.** |

|  |  |
| --- | --- |
| **Office Use Only** |  |
| **Goods Received by:** | **Click or tap here to enter text.** |
| **Date Received:** | **Click or tap to enter a date.** |
| **Goods were Returned in Good Condition:** | [ ]  **YES** [ ]  **NO** |
| **Refund Authorised by:** | **Click or tap here to enter text.** |
| **Date Paid:** | **Click or tap to enter a date.** |
| **Paid by:** | [ ]  **Cheque** [ ]  **Direct Deposit / EFT** [ ]  **Credit Card** |
| **Refund Amount:** | **Click or tap here to enter text.** |
| **Adjustment Note Number:** | **Click or tap here to enter text.** |
| **Refund Cheque Number (if applicable):** | **Click or tap here to enter text.** |