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](mailto: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.** | |