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| --- |
| **STUDENT DETAILS** |
| **Student Name** |  | **Date** |  |
| **Email** |  | **Phone** |  |
| **Course Name** |  | **Date** |  |

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| --- |
| I request a refund for the following |
| **Invoice Number** |  | **Amount** |  |
| **Payment Method** |
| * Paypal
 | * Bank Transfer
 | * Online
 | * Credit Card
 | * Cash
 |
| Please provide a reason for the refund request. (Please attach any supporting documentation) |
| **ACKNOWLEDGEMENT** |
| I understand that my request for a refund will be processed in accordance with the Empowered Training Refund Policy. |
| **Signature Date** |
| **OFFICE USE ONLY AUTHORISATION** |
| **Reason for Refund** | * Withdrawal
* Transfer
* Cancellation
* RTO Cancellation
* Other
 |
| **Refund Is** | * Approved
* Denied
* Adjusted to $
 |
| **Name** | **Signature** | **Position** | **Date** |