

Purpose

National Skills Institute understands individuals may be entitled to a refund for various reasons. Please note, only the original payer will be entitled to a refund.

Please ensure you have read and understood the SC. Fee and Refund Policy and Procedure, available on our website, prior to completing this form to fully understand the process.

Submission Details

Full Name: _____ Date of Birth: ____/____/____

Student ID (if known): _____ Course: _____

Preferred Contact Method: Mobile: _____ Email: _____

Refund Reason (Please Tick One):

- Course cancelled by NSI and no replacement enrolment offered
- Withdrawal prior to course commencement
- Withdrawal after course commencement
- Exceptional circumstances – Please provide details (remember to provide evidence where available):

I declare that the information provided in this submission is true and correct.

Signature: _____ Date: _____

Submit to NSI General Manager: Email: info@nsiskills.com.au Mail: National Skills Institute, PO Box 2073, Forest Hill 3130

OFFICE USE ONLY:

Approved – Refund Date: _____

Declined – Reason/s: _____

Completed By:

Full Name: _____ Role: _____

Signature: _____ Date: _____