

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:** _____