

Outside The Box Consulting requires 48 hours notice prior to the course commencement date for any cancellations or transfers. There is no refund of money for courses not attended where Outside The Box Consulting has not been advised as above.

**Fees Applicable for Cancellations* Cancellations applies of 20% where applicable (unless otherwise stated or approval from AUSTSWIM has been sought and approved prior to this form being lodged).*

CANDIDATE DETAILS								
First Name:				Surname:				
Address:								
Suburb			State			Postcode		
Phone No:	Home			Work			Mobile	

COURSE CANDIDATE WISHES TO CANCEL FROM (Please tick your requested transfer/cancellation)	
<input type="checkbox"/> I wish to Cancel from:	
<input type="checkbox"/> Full Teacher of Swimming & Water Safety Course <input type="checkbox"/> Teacher of Towards Competitive Strokes <input type="checkbox"/> WETS Aqua Instructor <input type="checkbox"/> Professional Development Workshop	<input type="checkbox"/> Teacher of Infant and Pre-school Aquatics <input type="checkbox"/> Teacher of Access and Inclusion <input type="checkbox"/> Teacher of Adults

ORIGINAL PAYMENT METHOD & COURSE INFORMATION			
Course Code:	Course Date:	Venue:	
Payment Method (Please tick correct method): <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Web <input type="checkbox"/> Purchase Order		Payment Date:	Amount Paid:

REASON FOR CANCELLATION (Eg: Medical)

FEES APPLICABLE TO CANCELLATION (Please tick applicable box)	
<input type="checkbox"/> I acknowledge that there is a 20% cancellation fee applicable <input type="checkbox"/> I request the cancellation fee be waived and have attached a Medical Certificate <input type="checkbox"/> An approval from AUSTSWIM has been sought prior to this form being lodged for approval of the cancellation fee to be waived	
_____	_____
Applicant Signature	Date

OFFICE USE ONLY			
Amount Refunded: \$		Type of Refund:	
Approved By:	Date Approved:	Processed By:	Date Processed:

PLEASE RETURN FORM TO

AUSTSWIM Aotearoa
 PO Box 619, Kaitaia, 0441
 Phone: +64 029 770 5252
 Email: info@austswim.co.nz
 Web: www.austswim.co.nz