

# Training Course Cancellation Form

Version 4. Issue Date: 05 Aug 2014

**AUSTSWIM 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 AUSTSWIM has not been advised as above.**

<b>1</b>	<b>IS THE CANDIDATE'S ENROLMENT FORM ATTACHED? Yes / No</b>	<b>If yes, please go to number 4.</b>
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<b>2</b>	<b>CANDIDATE DETAILS</b>								
<b>First Name:</b>				<b>Surname:</b>					
<b>Address:</b>									
<b>Suburb</b>			<b>State</b>			<b>Postcode</b>			
<b>Phone No:</b>	<b>Home</b>			<b>Work</b>			<b>Mobile</b>		

<b>3</b>	<b>ORIGINAL PAYMENT AND COURSE INFORMATION</b>					
<b>Payment Method (Please tick correct method):</b>					<b>Payment Date:</b>	<b>Amount Paid:</b>
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Purchase Order <input type="checkbox"/> Web Please provide credit card holder's name where the candidate's name is different to the credit card holder's name. .....						
<b>Course code :</b>		<b>Course Date :</b>		<b>Venue:</b>		

<b>4</b>	<b>REASON FOR CANCELLATION (Eg: Medical/ change of mind/ any other )</b>				

<b>5</b>	<b>FEES APPLICABLE TO CANCELLATION (Please tick applicable box)</b>				
<input type="checkbox"/> I acknowledge that there is a 10% of the enrolment fee for cancellation. <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 been lodged for approval of the cancellation fee to be waived					
_____			_____		
Applicant Signature			Date		

<b>OFFICE USE ONLY</b>			
<b>Amount Refunded: \$</b>		<b>Type of Refund:</b>	
<b>Approved By:</b>	<b>Date Approved:</b>	<b>Processed By:</b>	<b>Date Processed:</b>

**PLEASE RETURN FORM TO THE AUSTSWIM BUSINESS CENTRE IN YOUR STATE**

**AUSTSWIM NSW  
BUSINESS CENTRE  
PO BOX 6241  
Baulkham Hills NSW 2153  
Ph: 1300 885 666 or  
(02) 9894 2077  
Fax: (02) 8078 4254  
Email: [nsw@austswim.com.au](mailto:nsw@austswim.com.au)**

**AUSTSWIM QLD  
BUSINESS CENTRE  
PO Box 631  
Capalaba QLD 4157  
Ph: 1300 885 666 or  
(07) 3245 3595  
Fax: (07) 3390 3965  
Email: [qld@austswim.com.au](mailto:qld@austswim.com.au)**

**AUSTSWIM VIC  
BUSINESS CENTRE  
PO Box 466  
Ringwood VIC 3134  
Ph: 1300 885 666 or  
(03) 9870 4496  
Fax: (03) 8456 6749  
Email: [vic@austswim.com.au](mailto:vic@austswim.com.au)**

**AUSTSWIM SA  
BUSINESS CENTRE  
PO Box 321  
Henley Beach SA 5022  
Ph: 1300 885 666 or  
(08) 8354 0873  
Fax: (08) 8353 3930  
Email: [sa@austswim.com.au](mailto:sa@austswim.com.au)**

**AUSTSWIM WA  
BUSINESS CENTRE  
PO Box 491  
Leederville WA 6902  
Ph: 1300 885 666 or  
(08) 9328 2115  
Fax: (08) 6272 0474  
Email: [wa@austswim.com.au](mailto:wa@austswim.com.au)**

