

CANCELLATION FORM

Full Name:	
Address:	
Phone:	Email:
Course:	Cancellation Date:
Reason for cancellation:	

Careers Training Centre will issue a Statement of Attainment to the address listed above for any units which have been assessed as competent. Once this cancellation form has been submitted to CTC, we are unable to accept any further assessments to be submitted, so please ensure that you submit any completed work prior to submitting this form.

Training delivered	Competencies Achieved

Current Fees, Charges and payments received:	
Total Payment Received	\$ _____
Training and / or Assessment costs	— \$ _____
Total Refund Due	= \$ _____

To enable us to refund this amount, please provide the following details for bank transfer.
Please note that refunds will be processed within 7 working days of receiving this form.

Payee Name: _____

BSB No: _____

Account No: _____

By signing the below you agree to the terms and conditions of cancellation as referred to on this form and within the Student Handbook.

Student Signature: _____ Date: _____

Parent / Guardian to complete if student under 18 years:

Parent / Guardian Signature: _____ Date: _____

Name: _____ Phone: _____

Office Use Only		
Statement of Attainment Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide reason:
Cancellation processed by:	Signature:	Date: