

Refund Request Form

By completing this form, you are requesting to apply for a full or partial refund from CQ First Aid & Safety. Each refund request is reviewed upon its own merits in line with CQ First Aid & Safety's Refund policy and procedure.

This form must be submitted to the Accounts Manager of CQ First Aid & Safety:

- Accounts Manager: Kim Van Meteren
- Email: training@cqfirstaid.com.au
- Phone: (07) 4978 1112

A written reply will be sent to you within five (5) business days with the determined outcome. If successful, a refund will be made as per the Refund policy and procedure.

Student Name:		Date:	____ / ____ / ____
Company Name:			
Email Address:		Contact Number:	
Street Address:		Invoice Number:	
Amount Paid:		Amount Claimed:	

In the box below, please provide details of the reason for requesting a refund.

I hereby declare that all details in this request are true and accurate.

Signature:

OFFICE USE ONLY

Received by:		Date:	____ / ____ / ____
Returned materials have been received in an acceptable condition	Yes / No	If No, Why:	
Refund Approved:	Yes / No	If No, Why:	
Authorised by:			Refund Number:
Amount Refunded:			Refund Issued Date: ____ / ____ / ____

Related Standard/s: Clause 5.3