Refund Request Form



Section 1 – Client Details								
Name:		I	Date:	1 1				
Phone:								
Email:								
Course:		(Course Date:	/ /				
Section 2 – Refund Details								
Type of Refund:								
☐ Withdrawal	☐ Cancellation [☐ Transfer ☐ Other (please specify)						
Invoice Number:		,	Amount:	\$				
Reason: (Please attach any supporting documentation)								
Acknowledgement								
I understand that my request for a refund will be processed in accordance with the MPA Skills Refund Policy.								
Signature		ı	Date:	/ /				
Admin Use Only								
Section 3 – Authorisation								
This request has b	een:							
Approved	☐ Denied	Adjusted to \$						
Comments/ Reason for decision / Calculations of Refund:								
Refund Method:								
☐ EFT / Credit Car	rd Cheque Credit to Corporate Account							
Notification sent:	☐ Email ☐ Letter	Date sent:						
Admin Name:		Signature:						
Position:		Refund Date	:	1 1				
Refund Number:								

Approval Date:	08 Feb 2024	Approved By:	Sam Hayes		Page 1 of 1
Next Revision Date:	08 Feb 2026	Document Number:	DOC0072	Revision:	1.3