

REFUND REQUEST

Name of Course Currently Enrolled in or Paid for:

City and Date

Price

Attendee Details

Title Family Name

Given Name

Position

Organisation

Address

State

Postcode

Phone

Fax

Email

ABN

PO No.

Consideration

Consideration of your request will be as specified in the Jarrah HR Consulting Refund Policy. You will be notified of the final decision in writing.

Payment Options

Should your refund be approved, please specify your preferred method of payment:

Cheque Payable to: _____

Direct Credit (You will be contacted for your account details).

Reason for Requested Refund

Please tick your reason for the refund request:

Cannot attend / complete the course due to work commitments

Medical reasons (please attach supporting documentation)

Other

If other, please specify and attach supporting documentation.

Please sign and date below

Signature: _____

Date: _____

Please ensure the appropriate supporting documentation is attached.

Fax to: (08) 8461 4488

Post to: Jarrah HR Consulting
GPO Box 2564
Adelaide
SA 5001

Office Use Only

Appropriate Evidence Attached: Yes No

Signature: _____

Position: _____

Refund approved: Yes No



For further information please call (08) 8461 4466 or visit www.jarrahconsulting.com.au