

# Traineeship Program Cancellation and Refund Form



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www.shafston.edu

Cancellation    Refund    Cancellation and Refund

## Employer Details

Employer Contact Name		ABN	
Company Name		Trading Name	
Company Address			
Suburb		State	
Postcode		Email Address	

## Cancellation Request for Employee(s)

1.

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

2.

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

3.

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

If there are more employees cancelling, please fill out the details in the last addition page.

### Detailed reason for a refund request

Please attach the payment confirmation receipt from the originating payment when submitting the completed refund application form.

### Effective date of cancellation request

## Subsidies Payment Information

Have you received the wage subsidies payments for all the listed apprentices or trainees?  Yes  No

If yes, please confirm how many payments you have received for each of the listed trainees.

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If not, have you submitted the request?  Yes  No

Please confirm why the request hasn't been submitted.

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## Bank Details

Bank Name		Account Name	
BSB Number		Account Number	

## Declaration of Employer

- I have read and understood Shafston's Terms and Conditions of Enrolment outlined in the employer declaration.
- I understand that it may take up to ten working days to process my request; provided all relevant documents have been submitted. Any eligible refund will be paid out within 28 days of receiving this application and all relevant documentation.
- As per Section 70 of the Further Education and Training Act 2014 (Qld) (the Act), I have provided a minimum of fourteen (14) days's notice to Shafston
- I understand that if I have not supplied the appropriate documentary evidence, or if the information supplied is false and misleading, it may affect the outcome of my application.

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**4.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**5.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**6.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**7.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**8.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**9.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**10.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**11.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**12.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**13.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

**14.**

Employee Name		Date of Birth	
Course Name		Email Address	
Course Start Date		Signature:	

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## Approval Process

**OFFICE USE ONLY**

Request Approved  Yes  No

Received by Student Support Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Student Enrolment and Service Department Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notifications

Employer notified by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department notified by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer and Student records updated by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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