



STUDENT WITHDRAWAL FORM

<i>Student to complete & sign this form and return to All Health Training</i>	
Student First Name:	Student Last Name:
Current email address:	Mobile Number:
Course Name:	
Please state your reason for Withdrawal: <hr/> <hr/> <hr/>	
In signing this declaration, I declare that I understand the following terms: If a student withdraws from a course at any time, it is at the total discretion of All Health Training to allow the student to re-enrol and commence the next available course. This will be determined on a case-by-case basis. Should this occur twice, no discussion will be entered into as All Health Training will not accept the next enrolment. Please read Student Handbook for re-enrolment fees that will be applicable.	
Fee for Service Students Refund Policy <ul style="list-style-type: none">▪ If a student withdraws, by written notice, prior to the course commencement, All Health Training will retain the \$250 non-refundable registration fee + any resource fees that may be applicable▪ If a student withdraws, from the commencement date of the course to up to 14 days, All Health Training will retain the \$250 non-refundable registration fee + 50% tuition fees + resources▪ After 14 days from commencement date of the course, no refund is provided▪ Resource fees are non-refundable on withdrawal at any time after course commencement.	
For clarification: <ul style="list-style-type: none">▪ The withdrawal date is taken as the date of return of this form▪ If a student is on an Ezi-Debit payment plan, the Ezi-Debit will not be terminated until the payment of fees have been made as per the refund policy stated above	
To process your withdrawal from the course, All Health Training will require 1 month from the date of Student Withdrawal form being received, which allows your trainer to process your student file and any refund to be paid (if applicable).	
Refunds are only made by electronic transfer direct to your nominated account. Please provide us with your bank account details:	
Account Name _____	
BSB _____	Account Number _____
Student Signature:	Date: