WITHDRAWAL & REFUND REQUEST FORM

OHSA OCCUPATIONAL HEALTH SERVICES AUSTRALIA

OHSA Occupational Health Services Australia Pty Ltd
[ACN: 099 344 822]
RTO NUMBER: 31092

COURSE WITHDRAWAL / REFUND REQUEST FORM

This form must be completed for all course withdrawals or refund requests.

Please complete all relevant sections and submit this form via email to accounts@ohsa.com.au. All requests are processed in accordance with the OHSA Refund and Transfer Policy below.

OHSA REFUND AND TRANSFER POLICY

All course withdrawal requests must be received in writing using the OHSA course withdrawal/refund request form. The withdrawal takes effect from the date OHSA receives the completed form. Refunds are generally processed within 30 business days from receipt of the completed refund form.

WITHDRAWAL POLICY:

1) **10 or more business days before course commencement:** Any amount paid over the non-refundable administration fee of $150 will be refunded.
2) **Within 10 business days prior to course commencement:** Partial or full refunds may be considered only under exceptional circumstances (e.g. verified long-term illness).
3) **Within 24 hours of booking (cooling-off period):** Full refund less any third-party transaction fees (excludes online courses that have already been accessed).
4) **Non-attendance:** No refund applies.
5) **No progression while enrolled:** No refund is available.

REFUND PROCESSING:

- Refunds are processed within 30 business days of receipt of a completed form.
- Refunds will be made using the same method as the original payment.
- Corporate customers may receive a credit unless otherwise requested.

DISTANCE/ONLINE LEARNING:

- Refunds are available only within 24 hours of enrolment if no course materials have been accessed.
- If login details are issued but not accessed, any amount paid over $150 will be refunded.
- Once accessed, no refund applies.

OHSA Occupational
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ABN 73 833 631 941
RTO No. 31092

COURSE WITHDRAWAL & REFUND REQUEST

Section A – Course Withdrawal *Please complete this section if you wish to withdraw from your course (whether or not payment has been made).*			
Student Name			
Company Name *(if applicable)*			
Payee Details *(company or student)*			
Email		Phone	
Course Name		Course Date	
Location/Delivery Mode			
Reason for Withdrawal *(please tick)*	☐ Course cancelled by OHSA	☐ Dates not suitable	
☐ Medical or personal reasons *(attach documentation if applicable)*			
Other reason *(please specify)*			
I acknowledge that I have read and understand the OHSA Refund and Transfer Policy and that this withdrawal request will be assessed in accordance with that policy.			
Student Name			
Signature		Date	

Section B – Refund Request *Please complete this section if payment has been made and you are requesting a refund.*			
Amount Paid		Date Paid	
Receipt/Invoice Number			
Payment Method *(please tick)*	☐ Credit Card	☐EFT	☐ Cash
	☐ Purchase Order/Invoice		
Refund Method (refunds will be made by the same method as payment):	☐ Credit Card (refund to same card)	☐EFT (complete details below)	
Account Name			
BSB		Account No	
I declare that the information provided is true and correct and understand this request will be processed in accordance with the OHSA Refund and Transfer Policy.			
Student Name			
Signature		Date	

OFFICE USE ONLY					
Date Received			Received By		
Refund Amount Approved	☐ Yes/No ☐	Total Amount			
Refund Method					
Aproval Date		Processed By		Processed Date	
Refund Added to Refund register	☐ Yes/No ☐				
Comments/Notes					

Please email the complete form to info@ohsa.com.au / accounts@ohsa.com.au

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