

REFUND RECEIPT NO

**APPLICATION FOR REFUND OF CLASS ENROLMENT FEES**

The Authority has no legal obligation to refund fees. **Refunds will only be given for class closures, mergers or sickness where a medical certificate/doctor's letter is provided.** This is clearly indicated in the Adult Learning and Skills Prospectus.

**An administrative charge of £10** will be made where the student is no longer able to attend a course for medically certificated reasons. If you are entitled to a refund for medical reasons you may choose instead to take a credit for the full value of the refund (ie with no deduction of the £10 administration fee).

**The Authority cannot be held responsible for changes in students' personal circumstances which might prevent attendance.**

This form must be completed in full and returned, with a copy of a medical certificate (where applicable) to Adult Learning and Skills Service, Macbeth Centre, Macbeth Street, London W6 9JJ.

**PLEASE COMPLETE IN BLACK PEN**

Student's Name:.....

Address:.....

..... Post Code:.....

Class(es):.....

Fees Paid: £.....

**Method of Payment, please state:**

Receipt No:..... Enrolment No:.....

**REASON FOR REFUND** (ie Class Closure/Class Merger/Medical Reasons) delete as appropriate. (Continue if necessary on a separate sheet.)

No. of attendances:..... Date of last attendance:.....

(Signed):..... (Student) Date:.....

**PTO**

If you paid by Debit/Credit card and are happy for us to contact you by telephone,

we can process your refund direct onto your card.

Yes, please contact me. Telephone No:.....  
Last 4 digits of card you used for enrolment .....

I agree that the above card was the original I used for enrolling.

Student Signature:..... Date:.....

## FOR OFFICE USE ONLY

### Administration staff to complete

#### REFUND DETAILS

Total Fees paid £.....

Number of Classes Student attended

Less Fees for Classes already attended £.....

Less Administrative Charge (where applicable) £.....

Total Refund payable (if approved) £

Signed:..... Date:.....

Admin staff

**Please note we will deduct the cost of the number of class(es) that you have attended. You will only receive a full refund if we closed or merged your class.**

### Service Manager, Operations and Support Services to complete

Certified correct:..... Date:.....

Refund authorised YES/NO Amount authorised: £.....

Refund authorised due to: Class Closure

Class Merger

Medical  (certificates attached)

Other

Signed:..... Date:.....

Senior Manager, Operations and Support Services

Refused letter sent  Date:.....

Refund cheque sent

Cheque No:..... Date:.....

Entered on database  Signed:.....

### REFUND GIVEN ON DEBIT/CREDIT CARD

I agree that the original charge was debited from this account.

Student Signature:..... Date:.....

Receipt from PDQ must be attached to this form.

Admin Signature:..... Date:.....