COURSE CANCELLATION REQUEST FORM – COUNSELLING

Use this form to cancel (withdraw from) your enrolment in the CHC51015 Diploma of Counselling. Complete it and email it to our Administration team at evolve@evolvecollege.com. Your cancellation takes effect from the date we receive this form, and we will confirm it to you in writing. We may contact you to talk about support that is available, but we will not stop you from withdrawing.

CANCELLATION CONDITIONS

Refund Period

- If we receive this form within the Refund Period (10 calendar days from the Agreement Date, as defined in your Student Agreement) and you return all course materials in their original condition, we will refund the course fee you have paid, less the administration fee set out in the *Administration and Additional Fee Schedule*.

30 Day Money Back Guarantee

- The CHC51015 Diploma of Counselling is also covered by Evolve College's Quality Education Provider 100% Money Back Guarantee. If you are not satisfied with the quality of your training, you may receive a full refund of the fees you have paid if you request it within 30 days of enrolment or before you complete 30% of your course, whichever occurs first.
- If you take up the guarantee, you cannot receive any statement of attainment or qualification from Evolve College for that enrolment. The guarantee is not available on weekly payment plans or any payment plan that uses DebitSuccess.
- Full terms and conditions: www.evolvecollege.com/Money-back-guarantee.

After the Refund Period

- Outside the Refund Period and the Money Back Guarantee, no refund is available unless very compelling circumstances apply. You can apply using the *Special Consideration Request Form*.

Full details are in your Student Agreement and the *Fees, Charges and Refunds Policy and Procedure*. All documents are available at www.evolvecollege.com/policies.

STUDENT DETAILS			
Given name/s:		Family name:	
Student ID:		Date of birth:	(dd/mm/yyyy)
Street address:			
Suburb:		Postcode:	
Mobile:		Email:	
Date of enrolment:		State:	
How you paid:	☐ Upfront in full ☐ Instalments ☐ Weekly payment plan / DebitSuccess		

REQUEST FOR CANCELLATION
I wish to cancel my enrolment in: ☐ CHC51015 Diploma of Counselling
I am requesting (tick one): ☐ Cancellation within the Refund Period ☐ A refund under the 30 Day Money Back Guarantee (I understand I will not receive a qualification for this enrolment) ☐ Cancellation only (outside the Refund Period – no refund)
Why are you cancelling? (optional – this helps us improve; if you are using the Money Back Guarantee, please tell us what you were not satisfied with):

STUDENT DECLARATION	
By signing below, you declare that:	I have read the conditions on this form and the information I have provided is correct and complete. I understand that any course cancellation must comply with the terms and conditions of enrolment set out in my Enrolment Form and Student Agreement.
Signature:	
Date:	

OFFICE USE ONLY	
Date received:	
Agreement Date / Refund Period ends:	_____ / _____ / _____ / _____ / _____ / _____
Course progress at date received:	_____ % complete
Course cancelled:	☐ YES ☐ NO Date processed: _____ / _____ / _____
Course materials returned:	☐ YES ☐ NO ☐ N/A
Refund due:	☐ NO ☐ YES – within Refund Period ☐ YES – Money Back Guarantee ☐ YES – special consideration approved Amount: $_____
Written confirmation sent to student:	Date: _____ / _____ / _____
Executive Manager Operations signature:	

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Related documents: Student Agreement – Counselling, Fees, Charges and Refunds Policy and Procedure, Special Consideration Request Form, Administration and Additional Fee Schedule.