



Student Enrolment Withdrawal Application Form

To be completed by student and returned to the VET Student Loan Officer at The Redcliffe Aero Club in person, via mail or via email info@redcliffeaeroclub.com.au

VET Student Loan Officer
The Redcliffe Aero Club
1 Wirraway Drive,
Kippa Ring, QLD, 4021

Please complete **ALL** areas of this form.

Personal Details

Please print clearly and neatly, your full legal name exactly as it appears on your identity documentation

Given Name: (First Name)	Middle Name: (Second Name)
Surname: (Last Name)	Additional Name: (Maiden Name)
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Home Phone:	Mobile Phone:
Email:	

Residential Address:	
Suburb / Town:	State / Territory:
Postcode:	Country: Australia

Student No.:	
Course No.:	
Course Name:	
Qualification: (Please tick one option)	<input type="checkbox"/> Double Diploma AVI50222 Diploma of Aviation (Commercial Pilot Licence - Aeroplane) / AVI50519 Diploma of Aviation (Instrument Rating) <input type="checkbox"/> AVI50222 Diploma of Aviation (Commercial Pilot Licence - Aeroplane) <input type="checkbox"/> AVI50519 Diploma of Aviation (Instrument Rating)
Student CHESN No.:	
Students USI No.:	

Amount Paid:	
Paid by:	<input type="checkbox"/> Student <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Other
Payers Surname:	
Payer First Name/s:	
Payers Address:	



Unit of Study Details

Unit of Study Code	Unit of Study Name	Office Use Only		
		Start Date	Census Date	Payment claimed

Student Name:	Student Signature:	Date:
Witness Name:	Witness Signature:	Date:

Note 1: Refunds (application to payment only) are to be made to the student, organisation or third party who originally paid.

Note 2 : For Credit Card payments. Any payments made by credit card may be refunded to the original credit card only.

Electronic Payment of Refunds

If you prefer this method of payment, please provide details of your bank account into which the refund will be directly deposited:

Account Name:			
Bank:	Branch Name:		
BSB No.:	Account No.:		

Office Use Only			
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Approval No. _____	Refund Amount \$ _____
Teaching Section Signature		Date	_____
If not approved, provide reason			
Teaching Section Signature		Date	_____

Credit card payments. Any payment made by credit card may be refunded to the original credit card number only.

Refund details entered into MYOB	Date	_____
Authority person details / signature		

Please **✓** tick or **X** in box provided.