



### Request for Refund or Test Date Transfer Form

#### Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement death of a close family member
- hardship/trauma victim of crime, victim of a traffic accident
- · military service.

#### **Application Process for Refunds**

Candidates must lodge an application for refund no later than five working days after the test date. Candidates must complete a Request for Refund Form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

**Refunds** – If the candidate's application is approved, the centre will refund the test fee to the candidate. However the centre may deduct an administrative fee (no more than 25% of the test fee).

Transfers – If the candidate's application is approved, candidates must select a test date within the next threemonth period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.



**Personal details** 



# **Request for Refund or Test Date Transfer Form**

Title:						
Given names:						
Surname:						
Address:						
Telephone:						
Email:						
Test date registered for:	/ /					
Request is for (tick one b	pox): Refund	Date Transfer				
Centre name/number:			٦			
Preferred new test date:	/ /					
Candidate statem	ent (to be completed	by the candidate)				
(attach extra sheet if the	re is insufficient space).					
			_			
Candidate signature:				Date:		
Received by:				Date:		
Test centre use only:	Pravious Request for Ref	unds/Transfer				
Registered test date	Py: Previous Request for Refunds/Transfer  Date of prior Grounds for application application					
		Medical	Personal	(	Other	
Request (please select):	APPROVED	NO	T APPROVED			_
Authorised by:				Date:		





## Request for Refund or Test Date Transfer Form

Supporting documentation / evidence: Medical (This form must be accompanied by an original medical certificate.)

•	rofessional Practitioner Certificate (to be comple	· ·			
Da	ate/s of consultation:				
Ca	andidate affected on the test day (please circle a	ppropriate letter):			
Α	totally unable to sit exam	specify period			
В	very severely affected but able to sit exam	specify period			
С	severely affected but able to sit exam	specify period			
D	moderately affected but able to sit exam	specify period			
E slightly affected but able to sit exam		specify period			
<b>F</b> unable to assess ability to sit exam		specify period			
Ca	andidate affected at some time prior to the test	day (please circle appropriate letter):			
Α	totally unable to sit exam	specify period			
В	very severely affected but able to sit exam	specify period			
C severely affected but able to sit exam		specify period			
D	moderately affected but able to sit exam	specify period			
E slightly affected but able to sit exam		specify period			
F	unable to assess ability to sit exam	specify period			
Pr	actitioner's name:				
Ac	ddress:				
Ph	none number:				
Pr	ovider number: (if applicable):	Stamp:			
Si	gnature:				
	upporting documentation / evidence ease specify and attach relevant documentation/ev	: Other (police report, military service notice, death notice).			

The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form, it may not be possible for the test centre to process your request.