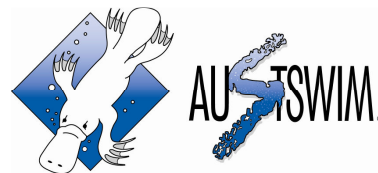


AUSTSWIM Course Cancellation Form

AUSTSWIM requires **48 hours notice prior** to the course commencement date for any cancellations or transfers. There is **no refund** of money for courses not attended where AUSTSWIM has not been advised as above.

**Fees Applicable for Cancellations* Cancellations applies of 20% where applicable (unless otherwise stated or approval from AUSTSWIM has been sought and approved prior to this form being lodged).*

CANDIDATE DETAILS					
First Name:		Surname:			
Address:					
Suburb		State		Postcode	
Phone No:		Home		Work	
				Mobile	
COURSE CANDIDATE WISHES TO CANCEL FROM (Please tick your requested transfer/cancellation)					
<input type="checkbox"/> I wish to Cancel from:					
Teacher of Swimming & Water Safety Course			Elective & Professional Development Course		
<input type="checkbox"/> Full Teacher of Swimming & Water Safety Course <input type="checkbox"/> CDROM Teacher of Swimming & Water Safety Course			<input type="checkbox"/> Teacher of Infant and Pre-school Aquatics <input type="checkbox"/> Teacher of Aquatics to People with Disabilities <input type="checkbox"/> Teacher of Adults <input type="checkbox"/> Teacher of Towards Competitive Strokes <input type="checkbox"/> Professional Development Workshop		
ORIGINAL PAYMENT METHOD & COURSE INFORMATION					
Course Code:		Course Date:		Venue:	
Payment Method (Please tick correct method):				Payment Date:	Amount Paid:
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque/Money Order/Cash <input type="checkbox"/> Web <input type="checkbox"/> Purchase Order					
REASON FOR CANCELLATION (Eg: Medical)					
FEES APPLICABLE TO CANCELLATION (Please tick applicable box)					
<input type="checkbox"/> I acknowledge that there is a 20% cancellation fee applicable <input type="checkbox"/> I request the cancellation fee be waived and have attached a Medical Certificate <input type="checkbox"/> An approval from AUSTSWIM has been sought prior to this form being lodged for approval of the cancellation fee to be waived					
OFFICE USE ONLY					
Amount Refunded: \$			Type of Refund:		
Approved By:		Date Approved:		Processed By:	
				Date Processed:	

PLEASE RETURN FORM TO THE AUSTSWIM BUSINESS CENTRE IN YOUR STATE:

**AUSTSWIM NSW
BUSINESS CENTRE**
PO Box 6241 Baulkham Hills BC NSW
2153
Ph: 1300 885 666 or
(02) 9894 2077
Fax: (02) 9634 8262
Email: nsw@austswim.com.au

**AUSTSWIM QLD
BUSINESS CENTRE**
PO Box 631 Capalaba DC
QLD 4157
Ph: 1300 885 666 or
(07) 3245 3595
Fax: (07) 3390 3965
Email: qld@austswim.com.au

**AUSTSWIM SA
BUSINESS CENTRE**
PO Box 321 Henley Beach
SA 5022
Ph: 1300 885 666 or
(08) 8354 0873
Fax: (08) 8354 0874
Email: sa@austswim.com.au

**AUSTSWIM WA
BUSINESS CENTRE**
PO Box 295 Mt Hawthorn
WA 6915
Ph: 1300 885 666 or
(08) 9288 4188
Fax: (08) 9443 4344
Email: wa@austswim.com.au