



**AUSTSWIM Course Transfer / 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.

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone No:** Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**I WISH TO CANCEL / TRANSFER FROM:**  
*The listed fees will be charged for transfers (10%) and cancellations (20% unless otherwise stated). unless approval from AUSTSWIM has been sought and approved prior to this form being lodged.*

**Date:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

**Teacher of Swimming and Water Safety course**

**Elective course**

- Full Lecture Course**  
(\$33.50 transfer/\$67.00 cancellation)
- Part Correspondence Course via CD ROM**  
\$33.50 transfer  
\$67.00 cancellation – **resources returned**  
\$127.00 cancellation – **resources not returned**

- Teacher of Infant and Pre-school Aquatics**
- Teacher of Aquatics to People with Disabilities**
- Teacher of Adults**  
(\$22.00 transfer/\$44.00 cancellation)

- Professional Development Workshop**  
\$5.50 transfer/\$11.00 cancellation)

- Teacher of Towards Competitive Strokes**  
(\$16.50 transfer/\$33.00 cancellation)

**I WISH TO TRANSFER THE ABOVE BOOKING**

**I WISH TO CANCEL THE ABOVE BOOKING**

**I wish to Transfer the above ticked courses to:**

Reason for Cancellation (eg. Medical):

**Date(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Reason for transfer (eg. Medical):**  
 \_\_\_\_\_

- I acknowledge that there is 10% transfer fee that applies and following is payment details.
- I request the transfer fee be waived and have attached a Medical Certificate

- I would like a refund for my course and acknowledge that a cancellation fee applies as stated above
- I request the cancellation fee be waived and have attached a Medical Certificate. If not medical please indicate reason here in space provided

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- TSW CD course only - I have returned resources in excellent condition for a refund. I understand that if the resources appear used or are not in a condition that can be sold again I they will be returned and a higher cancellation fee will be charged.

Enclosed is a cheque/money order for \$ \_\_\_\_\_ *Please make cheques payable to AUSTSWIM Ltd* OR Charge my:

- Mastercard  Visa

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Expiry date:** \_\_\_\_ / \_\_\_\_ **Amount of \$** \_\_\_\_\_

**Refund Method**

The refund will be made based on the method of payment used for the initial course enrolment fees (ie cheque, credit card). A refund confirmation letter will be sent to you once the refund has been processed along with funds.

**Cardholder's name:** \_\_\_\_\_

**Office use only**

**Signature:** \_\_\_\_\_

- credit card (BC process and send letter)
- cheque (BC bank, print letter and send)

- credit card (BC process and send letter)
- cheque (Melb process)  web (Melb process)
- cancellation letter printed (BC process and attach to form if cheq or web, send to Melb to mail)

**Amount:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

**Amount refunded:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**PLEASE RETURN FORM TO: AUSTSWIM BUSINESS CENTRE - NSW** 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](mailto:nsw@austswim.com.au)