



## 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   |                 |  |  |
| 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<br><input type="checkbox"/> CDROM Teacher of Swimming & Water Safety Course<br><input type="checkbox"/> CPR - Resuscitation   |                |  | <input type="checkbox"/> Teacher of Infant and Pre-school Aquatics<br><input type="checkbox"/> Teacher of Aquatics to People with Disabilities<br><input type="checkbox"/> Teacher of Adults<br><input type="checkbox"/> Teacher of Towards Competitive Strokes<br><input type="checkbox"/> Professional Development Workshop |                 |  |  |
| ORIGINAL PAYMENT METHOD & COURSE INFORMATION  |                |  |   |                 |  |  |
| Course Code:  |                |  | Course Date:  |                 |  |  |
| 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<br><input type="checkbox"/> I request the cancellation fee be waived and have attached a Medical Certificate<br><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](mailto: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](mailto: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](mailto:sa@austswim.com.au)

**AUSTSWIM WA  
BUSINESS CENTRE**  
PO Box 578  
Floreat, WA 6014  
Ph: 1300 885 666  
Fax: (08) 62720474  
Email: [wa@austswim.com.au](mailto:wa@austswim.com.au)