# Trades Recognition Australia - Refund Request Form

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| --- | --- |
| **Applicant First Name** |  |
| **Applicant Last Name** |  |
| **TRA reference number**  |  |
|  | **Residential Address (PO Box will NOT be accepted)** |
| **Unit/Street Number****Street Name** |  |
|  |
| **City/Suburb** |  |
| **State** |  **Postcode**  |
| **Country** |  |
|  |  |
| **Email** |  |
| **Telephone** |  |
|  |
| **Registered Migration Agent/Authorised Representative Name (if applicable)**  |
|  |
| **Registered Migration Agent/Authorised Representative Organisation Name (if applicable)**  |
|  |
| **PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 4 IS SIGNED BY THE APPLICANT AND THE REGISTERED MIGRATION AGENT/REPRESENTATIVE** **(if applicable)****Reason for refund** |
| [ ]  Duplicate Payment | [ ]  Wrong name on application |
| [ ]  Applied for wrong program/step of program | [ ]  Overturn of a Review |
| [ ]  Ineligible for program/step of program[ ]  Duplicate application[ ]  Other (please provide details below) | [ ]  Applicant withdrawal[ ]  Applicant/agent error |
|  |
|  |

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| --- |
| **Please tick which program your refund relates to:** |
| [ ]  Job Ready Program | [ ]  Offshore Skills Assessment Program  |
| [ ]  Provisional Skills Assessment  | [ ]  Migration Skills Assessment |
| [ ]  Migration Points Advice | [ ]  TSS Skills Assessment Program  |

For the Offshore Skills Assessment Program and TSS Skills Assessment Program, applicants who have withdrawn and are seeking a refund are required to provide evidence that they have provided written notification of withdrawal to their RTO. Please include correspondence with your TRA Refund Request Form.

|  |  |
| --- | --- |
| **Refund amount:**

|  |
| --- |
| **$**  |

**VALID DEBIT/CREDIT CARD REFUND**Please provide the original payment details: |
| Payment Reference Number (CRN or OR) |  |
| Receipt number |  |
| Name on credit/debit card |  |
| Last 4 digits of credit/debit card number |  |
| Debit/credit card expiry date |  |
| Approximate time when payment was made |  |
| Approximate date when payment was made |  |

**Please note**, approved refunds will be paid directly back onto the debit/credit card used to make the original payment. If the debit/credit card is expired, reported stolen/cancelled or a new card has been issued, refunds will be paid via electronic funds transfer (EFT) to a nominated bank account. **If the debit/credit card was reported lost or stolen, please also include supporting written evidence from your bank/financial institution advising the card/account is now closed.**

**DOMESTIC BANK TRANSFER**

**Bank Name**  

**Account name**

**Account Number**

**BSB**

**INTERNATIONAL BANK TRANSFER**

**Account** **Name**

**Account No./IBAN2**

**Bank Name**

**Branch Name**

**Branch Address**

**Country**

**Bank SWIFT Code3 Bank Local Code4**

**CNIC/SNIC**

## PRIVACY CONSENT AND DECLARATION

**Please sign below to confirm you agree with the statements listed.**

I hereby acknowledge that I have accessed a [Trades Recognition Australia (TRA), Australian Privacy Principle (APP) 5 Notice](https://sharedservicescentre.sharepoint.com/%3Aw%3A/r/sites/dewr-legal/_layouts/15/Doc.aspx?sourcedoc=%7B887655CA-F787-4353-9B78-39397A86E321%7D&file=DEWR%20-%20Privacy%20overview%20fact%20sheet%20(Final).docx&action=default&mobileredirect=true) provided by the Department of Employment and Workplace Relations in the relevant program guidelines. I understand that by providing my consent in this form, I am acknowledging that I have read and understood the contents of the APP 5 Notice.

**Collection**

I understand that by providing my consent in this form, I am authorising TRA to collect my personal information for the purposes of:

* Processing applications, verifying evidence provided with applications, and assessing whether an applicant has suitable skills in a nominated occupation.
* Confirming authorisation by an applicant of his or her representative or migration agent, and to provide contact details for that representative or migration agent.
* Allowing you to make a payment of fees to TRA so you can lodge an application.
* Allowing TRA to confirm payment and process refunds as applicable,
* Conducting investigations and ensuring compliance with relevant laws, awards, or standards; and
* Ensuring compliance with the Commonwealth Fraud Control Guidelines (2011).

I consent to TRA collecting my personal information for these purposes. I understand that if I do not give my consent to TRA collecting my personal information, my application will not be able to proceed.

I understand that TRA may collect unsolicited personal information about me from third parties. I consent to TRA collecting unsolicited personal information from third parties where TRA is authorised by law to do so.

**Disclosure**

I understand that by providing my consent in this form, I am authorising TRA to disclose my personal
information to any of the entities listed in the [APP 5 notice](https://sharedservicescentre.sharepoint.com/%3Aw%3A/r/sites/dewr-legal/_layouts/15/Doc.aspx?sourcedoc=%7B887655CA-F787-4353-9B78-39397A86E321%7D&file=DEWR%20-%20Privacy%20overview%20fact%20sheet%20(Final).docx&action=default&mobileredirect=true), for any of the purposes listed above.

I understand that TRA may disclose my personal information to overseas recipients, for the purposes of
verifying my employment, training information and processing refunds. I consent to my personal
information being disclosed by TRA to overseas recipients for this purpose. I understand that by providing my consent to disclose my personal information to the overseas recipients for this purpose, APP 8.1 will not apply.

**Declaration**

I confirm that information supplied on this form and in support of claims made on this application form is true and correct.

I understand that providing false or misleading information is a serious offence.

If a registered Migration Agent or authorised representative has assisted me, I declare I have not provided false or misleading information to the agent or representative for the preparation of this form.

**Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(typed or digital signature will be accepted)**

**Date (DD/MM/****YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If a registered Migration Agent or authorised representative is requesting the refund, your agent or representative must also complete the declaration below.**

**Declaration**

I confirm that information supplied on this form and in support of claims made on this application form is true and correct.

I prepared this form in accordance with the information supplied by the applicant.

I understand that giving false or misleading information is a serious offence.

I am authorised by the applicant to request this refund of fees.

**Registered agent / Authorised representative signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(typed or digital signature will be accepted)**

**Date (DD/MM/****YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send the completed and signed refund request form (TRA’s preference is for the form to be emailed as a PDF attachment) to** **TRAAdminSupport@dewr.gov.au**