



Trades Recognition Australia Refund Request Form

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
Country

Postcode

Email
Telephone

Registered Migration Agent/Authorised Representative Name (if applicable)

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Registered Migration Agent/Authorised Representative Organisation Name (if applicable)

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**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

- | | |
|--|--|
| <input type="checkbox"/> Duplicate Payment | <input type="checkbox"/> Wrong name on application |
| <input type="checkbox"/> Applied for wrong program/step of program | <input type="checkbox"/> Overturn of a Review |
| <input type="checkbox"/> Ineligible for program/step of program | <input type="checkbox"/> Applicant withdrawal |
| <input type="checkbox"/> Duplicate application | <input type="checkbox"/> Applicant/agent error |
| <input type="checkbox"/> Other (please provide details below) | |



Australian Government
**Department of Employment
and Workplace Relations**

Please tick which program your refund relates to:

- | | |
|--|---|
| <input type="checkbox"/> Job Ready Program | <input type="checkbox"/> Offshore Skills Assessment Program |
| <input type="checkbox"/> Provisional Skills Assessment | <input type="checkbox"/> Migration Skills Assessment |
| <input type="checkbox"/> Migration Points Advice | <input type="checkbox"/> 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For the Offshore Skills Assessment Program and TSS Skills Assessment Program, applicants who have withdrawn and are seeking a refund are required to provide evidence that they have provided written notification of withdrawal to their RTO.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.

Amount of Refund

\$

VALID DEBIT/CREDIT CARD REFUND

Please provide the following information if payment is to be returned to a valid debit/credit card

Payment Reference Number (CRN)	
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 that was used to make the original payment. If the debit/credit card has expired, been cancelled or a new card has been issued, refunds will be paid via electronic funds transfer (EFT) to a nominated bank account.

DOMESTIC BANK TRANSFER

Bank Name	
Account Name	
BSB	
Account Number	

INTERNATIONAL BANK TRANSFER

Account Name	
Account No./IBAN ²	
Bank Name	
Branch Name	
Branch Address	
Country	
Bank SWIFT Code ³ Bank Local Code ⁴	



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](#) 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](#), 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

Date (DD/MM/YY)

If a registered Migration Agent or authorised representative is requesting the refund, your agent or representative must 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

Date (DD/MM/YY)

Please send your completed request form as a PDF attachment to TRAAdminSupport@dewr.gov.au