



Trades Recognition Australia Refund Request Form

Applicant First Name	
Applicant Last Name	
TRA reference number (if applicable)	

Residential Address (PO Box will NOT be accepted)

Unit/Street Number	
Street Name	
City/Suburb	
State	Postcode
Country	

Email	
Telephone	

Agent/Authorised Representative Name (if applicable)

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Agent/Authorised Representative Organisation Name (if applicable)

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PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 3 & 4 IS SIGNED BY THE APPLICANT AND THE AGENT/REPRESENTATIVE (if applicable)

Reason for refund

- Duplicate Credit Card Payment
- Applied for wrong program/ step of program
- Ineligible for program/ step of program
- Wrong name on application
- Overturn of a Review

Other (Please provide details)



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"/> Trades Recognition Service |
| <input type="checkbox"/> Migration Points Advice | <input type="checkbox"/> TSS Skills Assessment Program |
| <input type="checkbox"/> Migration Skills Assessment | |

Amount of Refund

\$

***Please note:** Refunds will be paid directly back onto the credit or debit card that was used to make the original payment.*

Please provide the following information to assist the refund process

- Credit/debit card payment reference number
- Receipt number
- Name on credit/debit card
- Last 4 digits of credit/debit card number
- Credit/debit card type
- Approximate time when payment was made
- Approximate date when payment was made

Please send your completed request form as a PDF attachment in an email to: traenquiries@dese.gov.au.



PRIVACY CONSENT AND DECLARATION PAGE

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 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 this 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 an agent or 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 an agent or representative is requesting the refund, your agent or representative must complete the declaration below.

Agent/Representative, please sign below to confirm you agree with the statements listed.

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.

AGENT/REPRESENTATIVE SIGNATURE _____
 DATE (DD/MM/YY) _____

TRA FINANCE USE ONLY

Delegate Approval

Delegate Name: _____

Delegate Signature: _____

Delegate Classification: _____

Date: ___/___/___

General Ledger _____ Cost Centre _____ Internal Order _____ Tax Code _____