# Trades Recognition Australia Refund Request Form

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| **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)** | | |
|  | | |
| **Agent/Authorised Representative Organisation Name (if applicable)** | | |
|  | | |
| **PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 3 & 4 IS SIGNED BYTHE APPLICANT AND THE AGENT/REPRESENTATIVE (if applicable)**  **Reason for refund** | | |
| 🞏 Duplicate Credit Card Payment | | 🞏 Wrong name on application |
| 🞏 Applied for wrong program/ step of program | | 🞏 Overturn of a Review |
| 🞏 Ineligible for program/ step of program | |  |
| 🞏 Other (Please provide details) | | |
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| **Please tick which program your refund relates to:** | |
| 🞏 Job Ready Program | 🞏 Offshore Skills Assessment Program |
| 🞏 Provisional Skills Assessment | 🞏 Trades Recognition Service |
| 🞏 Migration Points Advice | 🞏 TSS Skills Assessment Program |
| 🞏 Migration Skills Assessment |  |

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| **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](mailto: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 Education, Skills and Employment 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 tothe 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.

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| --- | --- |
| AGENT/REPRESENTATIVE SIGNATURE |  |
| DATE (DD/MM/YY) |  |

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**TRA FINANCE USE ONLY**

**Delegate Approval**

Delegate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Classification:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

General Ledger \_ \_ \_ \_ \_ \_ \_ \_Cost Centre \_ \_ \_ \_ \_ \_ \_ \_ Internal Order \_ \_ \_ \_ \_ \_ \_ \_ Tax Code \_ \_ \_ \_