



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 Education and Training

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	<input style="width: 300px; height: 20px;" type="text"/>
Receipt number	<input style="width: 300px; height: 20px;" type="text"/>
Name on credit/debit card	<input style="width: 300px; height: 20px;" type="text"/>
Last 4 digits of credit/debit card number	<input style="width: 300px; height: 20px;" type="text"/>
Credit/debit card type	<input style="width: 300px; height: 20px;" type="text"/>
Approximate time when payment was made	<input style="width: 300px; height: 20px;" type="text"/>
Approximate date when payment was made	<input style="width: 300px; height: 20px;" type="text"/>

Please send your completed request form as a PDF attachment in an email to:

traenquiries@education.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 and Training 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 _____