

# Course Cancellation Request



## Customer Details:

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Course Details:

Course Title: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Training Venue: \_\_\_\_\_

## Cancellation Details:

Booking / Invoice Date: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Learning Materials Returned: \_\_\_\_\_

Reason for Cancellation:

### Please Note

Your motive for cancelling the above course will have no bearing on your cancellation and/or any refund due. This information is merely requested for quality improvement reasons. All course cancellations are subject to Clause 9 of HFE's Terms of Business. This application should be returned to HFE by way of post or email.

## HFE Use Only:

Date Request Received: \_\_\_\_\_ Notice Period (weeks): \_\_\_\_\_

Learning Materials Received: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Deductions: \_\_\_\_\_

Refund Due: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
(If Applicable)

Notes:

Staff Print:

Staff Sign:

Date: