

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 7 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: