# Trades Recognition Australia Refund Request Form

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| **Applicant First Name** |  | |
| **Applicant Last Name** |  | |
| **TRA reference number** |  | |
|  | **Residential Address (PO Box will NOT be accepted)** | |
| **Unit/Street Number**  **Street Name** |  | |
|  | |
| **City/Suburb** |  | |
| **State** | **Postcode** | |
| **Country** |  | |
|  |  | |
| **Email** |  | |
| **Telephone** |  | |
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| **Registered Migration Agent/Authorised Representative Name (if applicable)** | | |
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| **Registered Migration Agent/Authorised Representative Organisation Name (if applicable)** | | |
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| **PLEASE ENSURE THAT THE PRIVACY CONSENT AND DECLARATION ON PAGE 4 IS SIGNED BY THE APPLICANT AND THE REGISTERED MIGRATION AGENT/REPRESENTATIVE**  **(if applicable)**  **Reason for refund** | | |
| Duplicate Payment | | Wrong name on application |
| Applied for wrong program/step of program | | Overturn of a Review |
| Ineligible for program/step of program  Duplicate application  Other (please provide details below) | | Applicant withdrawal  Applicant/agent error |
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| **Please tick which program your refund relates to:** | |
| Job Ready Program | Offshore Skills Assessment Program |
| Provisional Skills Assessment | Migration Skills Assessment |
| Migration Points Advice | TSS Skills Assessment Program |

For the Offshore Skills Assessment Program and TSS Skills Assessment Program, applicants who have withdrawn and are seeking a refund are required to provide evidence that they have provided written notification of withdrawal to their RTO. Please include correspondence with your TRA Refund Request Form.

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| **Amount of Refund**   |  | | --- | | **$** |   **VALID DEBIT/CREDIT CARD REFUND**  Please provide the following information if payment is to be returned to a valid debit/credit card | |
| Payment Reference Number (CRN) |  |
| Receipt number |  |
| Name on credit/debit card |  |
| Last 4 digits of credit/debit card number |  |
| Debit/credit card expiry date |  |
| Approximate time when payment was made |  |
| Approximate date when payment was made |  |

**Please note**, approved refunds will be paid directly back onto the debit/credit card that was used to make the original payment. If the debit/credit card has expired, been cancelled or a new card has been issued, refunds will be paid via electronic funds transfer (EFT) to a nominated bank account.

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**DOMESTIC BANK TRANSFER**

**Bank Name**

**Account Name**

**BSB**

**Account Number**

**INTERNATIONAL BANK TRANSFER**

**Account Name**

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**Account No./IBAN2**

**Bank Name**

**Branch Name**

**Branch Address**

**Country**

**Bank SWIFT Code3 Bank Local Code4**

## PRIVACY CONSENT AND DECLARATION

**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 (APP) 5 Notice](https://sharedservicescentre.sharepoint.com/:w:/r/sites/dewr-legal/_layouts/15/Doc.aspx?sourcedoc=%7B887655CA-F787-4353-9B78-39397A86E321%7D&file=DEWR%20-%20Privacy%20overview%20fact%20sheet%20(Final).docx&action=default&mobileredirect=true) 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 the APP 5 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](https://sharedservicescentre.sharepoint.com/:w:/r/sites/dewr-legal/_layouts/15/Doc.aspx?sourcedoc=%7B887655CA-F787-4353-9B78-39397A86E321%7D&file=DEWR%20-%20Privacy%20overview%20fact%20sheet%20(Final).docx&action=default&mobileredirect=true), 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 a registered Migration Agent or authorised 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.

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| **Applicant signature** |  |
| **Date (DD/MM/YY)** |  |

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**If a registered Migration Agent or authorised representative is requesting the refund, your agent or representative must complete the declaration below.**

**Declaration**

I confirm that information supplied on this form and in support of claims made on this application form is true and correct.

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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| **Registered Agent/authorised representative signature** | |  |
| **Date (DD/MM/YY)** |  | |

**Please send your completed request form as a PDF attachment to** [**TRAAdminSupport@dewr.gov.au**](mailto:TRAAdminSupport@DEWR.gov.au)