



GEN04 – Refund Request

This form should be used to request the refund of a registration or exemption application fee paid for an RACDS course or examination, where a candidate withdraws within the timeframe specified by the RACDS Refund Policy. Requests for a rollover of fees or for refunds outside the specified timeframe may only be made in specific circumstances under the RACDS Special Consideration Policy and should be submitted using the [Consideration of Special Circumstances & Disability Application Form \(GEN05\)](#).

| | | | |
|-------------|--|-----------------------------|--|
| First Name | | RACDS ID (if known) | |
| Last Name | | | |
| Other Names | | Date of Birth (dd/mm/yy) | |
| Email | | | |

Section 1 – Personal Details

If your details have changed please fill in below

| | | | | | | |
|------------------------|---|--|---|--|---|--|
| Phone | M | | H | | W | |
| Mailing Address | | | | | | |
| Principle Work Address | | | | | | |

Section 2 – Refund Details

| General Dental Practice (GDP) | Specialist Dental Practice (SDP) |
|--|--|
| <input type="checkbox"/> Primary Dental Sciences Preparation Course | <input type="checkbox"/> Membership of Fellowship Exam Case Report Fail Result Discipline: _____ |
| <input type="checkbox"/> Primary Dental Sciences Examination | <input type="checkbox"/> Membership via Qualifications Pathway |
| <input type="checkbox"/> Primary Dental Sciences Examination Exemption | Oral Maxillofacial Surgery (OMS) |
| <input type="checkbox"/> Preparation for Fellowship Success (PFS) | <input type="checkbox"/> Surgical Science and Training Course |
| <input type="checkbox"/> Fellowship Examination | <input type="checkbox"/> Surgical Science and Training Examination |
| <input type="checkbox"/> MRACDS(GDP) Program | <input type="checkbox"/> OMS Fellowship Examination |
| <input type="checkbox"/> MRACDS(GDP) Other Associated Fees | |

*** Please attach any additional information on a separate page ***

| | |
|--|--|
| Commencement Date of Course/ Examination OR Submission Date of Application (dd/mm/yy) | |
|--|--|

Please note that the following fees are non-refundable:

- Subscription/Renewal of Subscription or Affiliate/Renewal of Affiliate Membership
- Assessment of Eligibility to present for Membership or Fellowship Examination (SDP)
- Enrolment for Membership or Fellowship Examination in Specialist Dental Practice (excluding OMS)



Section 3 – Payment Options

THE REFUND WILL BE MADE TO THE ORIGINAL CREDIT CARD USED FOR PAYMENT.

- It is College policy to provide the refund to the original method of payment.
- You will be sent an email to confirm the refund has been processed.
- If the original credit/debit card has expired or has been cancelled, your new card and account should still be credited with the refund.
- If the refund is unsuccessful, you will be contacted for an alternate repayment method.

Please complete the section below ONLY if:

- you have paid initially via Direct Deposit (EFT) or overseas Telegraphic Bank Transfer (TT) or
- the original credit/debit card has been cancelled, AND the credit/debit card account is closed.

| | |
|---|--|
| Name of Financial Institution | |
| Branch Address | |
| Account Name | |
| BSB Number | |
| Account Number | |
| Bank Swift Code (for accounts outside Australia) | |

Section 4 – Declaration

I declare that the information provided on this form is complete and correct. I agree to the conditions of this refund and declare that I am the person to whom this refund is to be paid.

Signature

(Unsigned applications will not be processed)

Date



OFFICE USE ONLY – This section to be completed by RACDS staff based on the Refund Policy

| | | | |
|----------------------------|----------------------|------------------------------|------------------------------|
| Refund Category Applicable | Course/Program | <input type="checkbox"/> 75% | <input type="checkbox"/> 50% |
| | Examination | <input type="checkbox"/> 50% | <input type="checkbox"/> 25% |
| | Exemption | <input type="checkbox"/> 60% | |
| | SDP Case Report Fail | <input type="checkbox"/> 75% | |
| | Other | <input type="checkbox"/> | _____ |
| Amount to be Refunded | Amount 1 | \$AU | _____ |
| | Amount 2 | \$AU | _____ |
| | Amount 3 | \$AU | _____ |
| | TOTAL: | \$AU | _____ |

APPROVED BY

| | | | |
|---|-------|------------|-------|
| Name | _____ | Position | _____ |
| Signature _____ <small>(Unsigned applications will not be processed)</small> | | Date _____ | |

This form should be submitted to the Director of Education

| | |
|-------|--|
| Email | info@racds.org |
|-------|--|