



## 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 <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
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 Orientation Course Enrolment	<input type="checkbox"/> Membership of Fellowship Exam Case Report Fail Result Discipline: _____
<input type="checkbox"/> Primary Examination Enrolment – <i>(Select all that apply)</i> <input type="checkbox"/> Written <input type="checkbox"/> Viva	<b>Oral Maxillofacial Surgery (OMS)</b>
<input type="checkbox"/> Final Examination Workshop (FEW)	<input type="checkbox"/> Surgical Science and Training Course
<input type="checkbox"/> Final Examination Web Education Program Enrolment	<input type="checkbox"/> Surgical Science and Training Examination
<input type="checkbox"/> Primary Examination Enrolment – <i>(Select all that apply)</i> <input type="checkbox"/> Written <input type="checkbox"/> Viva	<input type="checkbox"/> Final Examination for Fellowship
<input type="checkbox"/> MRACDS(GDP) Program Enrolment	
<b>*** Please attach any additional information on a separate page ***</b>	
Commencement Date of Course/ Examination OR Submission Date of Application <i>(dd/mm/yy)</i>	

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

- Original credit card payments will be only be refunded back into the original credit card used.
- If the original credit card expired or has been cancelled, your new card should be credited with the refund by your bank. If you don't have a new card, the bank should send the refund to your bank account.
- If the refund is unsuccessful and is sent back to us for any reason, we'll get a notification and a College staff will contact you directly.
- If you have originally paid via Direct Deposit, kindly provide your nominated bank account details below.

Name of Financial Institution	
Branch Address	
Account Name	
BSB Number	
Account Number	
Bank Swift Code <i>(for accounts outside Australia)</i>	

### 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.

<b>Signature</b> _____ <i>(Unsigned applications will not be processed)</i>	<b>Date</b> _____
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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			
<b>Email</b>	<a href="mailto:info@rads.org">info@rads.org</a>		
<b>Address</b>	RACDS, Level 13, 37 York Street, Sydney NSW 2000		