



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 <u>Discipline: _____</u>
<input type="checkbox"/> Primary Dental Sciences Examination Enrolment	<input type="checkbox"/> Membership via Transitional Arrangement
<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 Enrolment	<input type="checkbox"/> Surgical Science and Training Examination
<input type="checkbox"/> MRACDS(GDP) Program Enrolment	<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 <i>(dd/mm/yy)</i>	
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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 <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.

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	_____	Date	_____
	<i>(Unsigned applications will not be processed)</i>		

This form should be submitted to the Director of Education

Email	info@racds.org
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