



### **Request for Refund or Test Date Transfer Form**

#### Information for Candidates

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- · loss or bereavement death of a close family member
- hardship/trauma victim of crime, victim of a traffic accident
- · military service.

#### **Application Process for Refunds**

Candidates must lodge an application for refund no later than five working days after the test date. Candidates must complete a Request for Refund Form and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

**Refunds** – If the candidate's application is approved, the centre will refund the test fee to the candidate. However the centre may deduct an administrative fee (no more than 25% of the test fee).

Transfers – If the candidate's application is approved, candidates must select a test date within the next threemonth period and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for test dates in the first five-week period. Candidates who wish to transfer to a test date more than three months away should apply for a refund and then re-apply for the test.

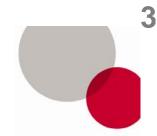
May 2014





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Personal d	letails					
Title:						
Given names:						
Surname:						
Address:						
Telephone:						
Email:						
Test date registered		_				
Request is for (tick or		Date Transfer				
	Centre name/number:					
Preferred new test date: / / /						
Please detail your gro	ement (to be completed by ounds for applying for a refund there is insufficient space).					
Candidate signature:	1		Da	e:		
Received by:	1		Da	e:		
Test centre use onl	y: Previous Request for Refund	ds/Transfer				
Registered test date	Date of prior application	Grounds for application				
		Medical	Personal	Other		
Request (please sele	ct): APPROVED	NOT AP	PROVED			
Authorised by: (IELTS Administrate	or)		Da	e:		





# **Request for Refund or Test Date Transfer Form**

Supporting documentation / evidence: Medical (This form must be accompanied by an original medical certificate.)

Professional Practiti	ioner Certificate (to be completed	hy medical practitioner		
Date/s of consultation	ioner Certificate (to be completed	by medical practitioner)		
		oprioto letter).		
	on the test day (please circle appr			
A totally unable to sit exam		specify period		
B very severely affected but able to sit exam		specify period		
C severely affected but able to sit exam		specify period		
D moderately affected but able to sit exam		specify period		
E slightly affected but able to sit exam		specify period		
F unable to assess ability to sit exam		specify period		
Candidate affected a	at some time prior to the test day	(please circle appropriate letter):		
A totally unable to sit exam		specify period		
B very severely affected but able to sit exam		specify period		
C severely affected but able to sit exam		specify period		
<b>D</b> moderately affected	ed but able to sit exam	specify period		
E slightly affected but able to sit exam		specify period		
F unable to assess a	ability to sit exam	specify period		
Practitioner's name:				
Address:				
Phone number:				
Provider number: (if a	pplicable):	Stamp:		
Signature:				
	umentation / evidence: C tach relevant documentation/evide	ether (police report, military service notice, death notice).		

The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form, it may not be possible for the test centre to process your request.