

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 three-month 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.



Request for Refund or Test Date Transfer Form

Personal details

Title: _____

Given names: _____

Surname: _____

Address: _____

Telephone: _____

Email: _____

Test date registered for (dd/mm/yyyy): _____

Request is for (tick one box): Refund Test Date Transfer

Centre name/number: SFU / CA025

Preferred new test date (dd/mm/yyyy): _____

Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

Candidate signature: _____ Date: (dd/mm/yyyy) _____

Received by: _____ Date: (dd/mm/yyyy) _____

Test centre use only: Previous request for refunds/transfer

Registered test date (dd/mm/yyyy)	Date of prior application (dd/mm/yyyy)	Grounds for application		
		Medical	Personal	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request approved Request NOT approved Date: (dd/mm/yyyy) _____

(IELTS Administrator)



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Supporting documentation/evidence: Medical

(This form must be accompanied by an original medical certificate.)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation:

Candidate affected on the test day (please tick appropriate choice):

- Totally unable to sit exam specify period
.....
- Very severely affected but able to sit exam specify period
.....
- Severely affected but able to sit exam specify period
.....
- Moderately affected but able to sit exam specify period
.....
- Slightly affected but able to sit exam specify period
.....
- Unable to assess ability to sit exam specify period
.....

Candidate affected at some time prior to the test day (please tick appropriate choice):

- Totally unable to sit exam specify period
.....
- Very severely affected but able to sit exam specify period
.....
- Severely affected but able to sit exam specify period
.....
- Moderately affected but able to sit exam specify period
.....
- Slightly affected but able to sit exam specify period
.....
- Unable to assess ability to sit exam specify period
.....

Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

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Practitioner's name:

Address:

Phone number:

Provider number: (if applicable):

Signature:

Date: (dd/mm/yyyy)



Stamp:

Supporting documentation/evidence: Other (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

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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.