



## 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.



Personal details



# Request for Refund or Test Date Transfer Form

Title:						
Given names:						
Surname:						
Address:				_		
Address:						
Telephone:						
Email:						
Test date registered for:	/ /					
Request is for (tick one be	ox): Refund Te	est Date Transfer				
Centre name/number:						
Preferred new test date:	/ /					
	ent (to be completed by the distribution of a second o					
Candidate signature:			D	ate:		
Received by:			D	ate		
_						
Test centre use only: Pr	revious Request for Refunds/T	ransfer				
Registered test date	Date of prior application	Grounds for application	on			
		Medical	Personal		Other	
Request (please select):	APPROVED	NOT APPROVED		_		
Authorised by:			D	ate:		

(IELTS Administrator)





## Request for Refund or Test Date Transfer Form

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

Professional Practitioner Certificate (to be completed by medical practitioner)

Da	ate/s of consultation:							
Ca	andidate affected on the test	day (please circle a	ppropriate le	tter):				
Α	A totally unable to sit exam			specify period				
В	3 very severely affected but able to sit exam			specify period				
С	C severely affected but able to sit exam			specify period				
D	D moderately affected but able to sit exam			specify period				
E	E slightly affected but able to sit exam			specify period				
F	F unable to assess ability to sit exam			specify period				
Ca	andidate affected at some tim	e prior to the test of	day (please	circle appropriate letter)	:			
Α	A totally unable to sit exam			specify period				
В	B very severely affected but able to sit exam			specify period				
С	C severely affected but able to sit exam			specify period				
D	moderately affected but able	to sit exam		specify period				
Ε	E slightly affected but able to sit exam			specify period				
F	unable to assess ability to sit	exam		specify period				
	emarks: nature of illness and o				e's capacity	to sit an exam)		
Pr	ractitioner's name:							
Ac	ddress:							
Ph	none number:							
Pr	rovider number: (if applicable):				Stamp:			
Si	gnature:				Date:			
	upporting documentat ease specify and attach relevan			l lice report, military serv	ice notice, o	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.