



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





Request for Refund or Test Date Transfer Form

Personal	det	tails						
Title:	Ī							
Given names:	Ţ							
Surname:	Ţ							
Address:	Ī			•				
L								
Telephone:	Ţ							
Email:	Ţ							
Test date registered	d for:	[/ [/						
Request is for (tick	one b	oox): Refund	Date Transfe	r				
Centre name/numb	er:	1	_					
Preferred new test	date:	[/ [/						
Candidate sta	tem	ent (to be completed by	/ the candida	te)				
		ds for applying for a refund re is insufficient space).	or a test date to	ransfer				
Candidate signature	e: [1				Dat	te:	
Received by:		1				Dat	te:	
Test centre use or	<i>nly:</i> P	revious Request for Refund	ds/Transfer					
Registered test da	ate	Date of prior application	Grounds for	application	on			
			Medical		Personal		Other	
			I					
Request (please se	elect):	APPROVED		NOT API	PROVED			
Authorised by: (IELTS Administra	ator)					Dat	te:	





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

•		ner Certificate (to be completed	by medical practitioner)					
Da	ate/s of consultation:							
Ca	andidate affected on	the test day (please circle appr	opriate letter):					
Α	totally unable to sit	exam	specify period					
В	very severely affect	ed but able to sit exam	specify period					
С	severely affected bu	it able to sit exam	specify period					
D	moderately affected	but able to sit exam	specify period					
Ε	slightly affected but	able to sit exam	specify period					
F	unable to assess ab	ility to sit exam	specify period					
Ca	andidate affected at	some time prior to the test day	(please circle appropriate letter):					
Α	totally unable to sit	exam	specify period					
В	very severely affect	ed but able to sit exam	specify period					
С	severely affected bu	it able to sit exam	specify period					
D	moderately affected	but able to sit exam	specify period					
Ε	slightly affected but	able to sit exam	specify period					
F	unable to assess ab	ility to sit exam	specify period					
1	actitioner's name:	[]						
	none number:							
Pr	ovider number: (if app	olicable):	Stamp:					
Si	gnature:	Ţ						
		mentation / evidence: O	ther (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.