



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 PEOPLECERT 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.

During the first 24 hours of your registration you will be able to cancel your exams and receive full refund.

Application Process for Refunds and Transfers

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.

PEOPLECERT 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, PEOPLECERT will refund the test fee to the Candidate, no later than five weeks after the test. However, an administrative fee will be deducted (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 PEOPLECERT 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.

The PEOPLECERT IELTS Team

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)

Date/s of consultation:

Candidate affected on 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
- 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 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
- 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

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.

Practitioner's name:

Address:

Phone number:

Provider number: (if applicable):

Stamp:

Signature:

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

Please specify and attach relevant documentation/evidence

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.