**Coleg Gwent – Application for Refund for PLA Learners**

**Please complete the details below and return to** [**pla@coleggwent.ac.uk**](mailto:pla@coleggwent.ac.uk)

**To confirm by accepting payment of the exam/membership costs you are agreeing to share with the College the outcome of the exam and evidence of that outcome.**

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| **Learner ID** |  |
| **Learner Name** |  |
| **Campus of Attendance** |  |
| **Learner Address** |  |
| **Course** |  |
| **Reason for Refund Request (*Please scan any invoices or evidence of paymen*t)** |  |
| **Bank Details:**  Sort Code  Account Number |  |
| **Date of Request** | **Learner Signature** |