**Refund Request**

Please complete this form if you believe you are due a refund of JRCPTB enrolment fees.

Refunds may be due if:

* You have paid more than five payments through collegiate membership for higher medical training
* You have paid more than five payments for higher medical training through a combination of collegiate membership and higher medical training LAT/FTSTA enrolment fees
* You paid the one-off fee and have since resigned from training after completing less than 12 months at core or 48 months at higher training
* You have paid a LAT and/or FTSTA enrolment fee at the same level of training as the one-off fee

Once you have completed the form please send it via e-mail to [enrolmentrefunds@jrcptb.org.uk](mailto:enrolmentrefunds@jrcptb.org.uk).

Applicant to complete:

|  |  |
| --- | --- |
| **Name:** |  |
| **GMC number:** |  |
| **Date of application:** |  |
| **Address:** |  |
| **Bank Name:** |  |
| **Bank address:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **E-mail address:** |  |
| **Reason for refund request:** | Too many collegiate membership payments collected  LAT/FTSTA fee(s) paid at the same training level as the one-off fee  Combination of LAT/FTSTA and collegiate membership means fees have been overpaid  Resignation from training  Other |
| **Supporting details** (optional)**:** |  |

JRCPTB to complete:

|  |  |  |  |
| --- | --- | --- | --- |
| **Application number:** |  | | |
| **Reason for refund approval:** | CM | LAT and CM | LAT and one-off |
|  | Resignation | Other | Not approved |
| **Notes:** |  | | |
| **Amount of refund approved:** |  | | |
| **RCP code:** |  | | |
| **Budget code:** |  | | |
| **Date:** |  | | |
| **Decision by:** |  | | |