

To be completed by the Employer/Agency for payment of participant/s fees associated with the training contract as per the details below. An invoice will be sent as soon as the enrolment is processed and payment is required 30 days from invoice date.

Any request for variation is to be submitted in writing.

1. Student details		
Student Number (if known)	_____	
Full Name (or attach list):	_____	Date of Birth: _____
Qualification/Course name:	_____	
2. Employer/Agency details		
Employer/Agency name:	_____	
Business address:	_____	
	_____	Postcode _____
Postal address:	_____	
	_____	Postcode _____
Contact name:	_____	ABN: _____
Phone:	_____	Fax: _____
Email:	_____	
3A. Employer/Agency Authority (Mainstream Fees – Non Apprentice)		Purchase Order No: (if applicable) _____
<input type="checkbox"/>	Fees for duration of authority from ____ / ____ / ____ to ____ / ____ / ____	
<input type="checkbox"/>	Fees up to and including \$ _____	
<input type="checkbox"/>	Student Contribution Fees	<input type="checkbox"/> Annual Admin & Utility Fee (\$37) <input type="checkbox"/> All Fees and Charges (incl. materials, books)
3B. Employer/Agency Authority (Employer Contribution – Apprentice/ Trainee)		Purchase Order No: (if applicable) _____
<input type="checkbox"/>	Employer Contribution, equalling:	<input type="checkbox"/> \$1250 – Certificate II <input type="checkbox"/> \$1500 – Certificate III or higher
<input type="checkbox"/>	All Fees and Charges - fees for duration of authority from ____ / ____ / ____ to ____ / ____ / ____	
4. Agreement Sign Off		
<p>I hereby agree to pay the fees due as stated below and understand that the full invoice will be due and payable by the date stated on the invoice. This authority binds the employer/agency for the period of validity or amount indicated below. I am also aware that I must immediately advise the institute of any change in circumstances related to this application.</p>		
<p>I (Employer/Agency Representative) agree to pay the fees as specified above for this qualification:</p>		
Signed:	_____	
Name: (Please Print)	_____	
Position:	_____	Date: ____ / ____ / ____
PLEASE RETURN TO:		
Brisbane North Institute of TAFE	Attention:	_____
Locked Mail Bag 3	Fax No:	_____
EAGLE FARM BC Qld 4009	Email:	_____

The Brisbane North Institute of TAFE is collecting information on this form in accordance with the Information Privacy Act 2009. The institute is collecting the information on this form to enable the Institute to forward your invoice pursuant to this agreement. Only authorised departmental officers will have access to this information and your personal details will not be given to any other third party without your written consent, unless authorised or required by law.