



Privacy disclaimer: Cunningham Centre is collecting this information in accordance with the National Vocational Education and Training Regulator Act 2011 in order to collect payment for services and meet your needs as a client. Some of this information may be given to an external agency for the purpose of meeting contractual reporting arrangements. Your information will not be given to any other person or organisation unless authorised or required by law.

Title, Family name(s), HHS/Work unit, Postal address, State, Postcode, Phone, Activity title, Start date, Payment tier (Tier 1 - Payment by Darling Downs Health, Tier 1 - Payment by Queensland Health work units, Tier 3 - Payment by external participant or private organisation)

PART B | JOURNAL TRANSFER (See fee schedule) TOTAL PRICE \$

Cost centre, Internal order number, Fund type

Financial delegation (Authorisation must be completed by an Officer with financial delegation to authorise this transfer. The student must not sign on their own behalf to attend.) I hereby authorise journal transfer of the activity fee to the Cunningham Centre as per the details recorded below. I understand the student's place in the activity isn't confirmed until payment has been made in full. I have read and agree to the Cunningham Centre terms and conditions, and refund guideline.

Authorising officer's name, Authorising officer's position, Authorising officer's signature, Date

PART C | INTER-COMPANY JOURNAL TRANSFER (See fee schedule) TOTAL PRICE \$

Cost centre, Internal order number, Company code, Fund type, GL account (566000)

Financial delegation (Authorisation must be completed by an Officer with financial delegation to authorise this transfer. The student must not sign on their own behalf to attend.) I hereby authorise inter-company journal of the activity fee to the Cunningham Centre as per the details recorded below. I understand the student's place in the activity isn't confirmed until payment has been made in full. I have read and agree to the Cunningham Centre terms and conditions, and refund guideline.

Authorising officer's name, Authorising officer's position, Authorising officer's signature, Date

PART D | EXTERNAL PAYMENT (See fee schedule) TOTAL PRICE \$

ABN, GST included in price, Registered name of the organisation, Trading name(s) if applicable, Postal address, Suburb/town, State, Postcode, Authorised contact person, Phone, Email address (the invoice will be sent to this address)

I confirm that I have the authority to request an invoice for the payment of these fees and confirm that the fees will be paid in full at least 2 weeks prior to the activity start date above. I have read and agree to the Cunningham Centre terms and conditions, and refund guideline.

Signature, Date

Enquiries and completed forms

Refer to the contact information for your activity via the Learn with us webpage.