

Cunningham Centre Darling Downs Hospital and Health Service Payment form | Tier 1 | Queensland Health

Payment form | Tier 1 - Queensland Health payment

Darling Downs Hospital and Health Service ABN 64 109 516 141

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.

Stı	udent details	-							
Title			Given name(s)						
Family name(s)									
HH	S/Work unit								
Postal address —									
РО	Box/Street								
Suburb/town				State	Postcode	÷			
Telephone									
Ac	tivity details						——		
Act	ivity title								
Activity start date		1 1			Activi	ty fee \$			
Pa	yment option	1S (All fields in this section	on must be completed to enable process	sing of the transfer)			——		
	Option 1 Journal transfer – Darling Downs Health only								
	Cost centre		Internal order number	er	Fund type	÷			
JOURNAL	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 (Darling Downs Hospital and Health Service only). I have read and agree to the Cunningham Centre terms and conditions, and refund guideline.								
,	Authorising offi	ng officer's name							
	Authorising offi	cer's position							
	Authorising offi	cer's signature			Date	· / /	1		
	Option 2 Inter-company journal transfer – All other Hospital and Health Services								
N N	Cost centre		Internal order number		Company code	;			
JUC	Fund type				GL accoun	t 566000			
INTER-COMPANY JOURNAL	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 have read and agree to the Cunningham Centre terms and conditions, and refund guideline.								
50-	Authorising offi	cer's name							
H H	Authorising offi	cer's position							
Z	Authorising offi	cer's signature			Date	/ /	ı		
Fn	guiries and (- completed form	16						
Enquiries and completed forms									
Cunningham Centre office use only									
	urse offer code				_ , , _				
Tax status		☐ Out of sco	ppe	I	Fund centre				
GL account code					Tax code				

Tier 1 – Payment by Queensland Health work units only | Prices effective 1 July 2023

Activity title	Total
AS/NZS 4187 Essentials of Sterilising Workshop	\$390.00
Certificate III in Sterilisation Services (HLT37015)	\$3,420.00
Cunningham Centre Immunisation Course	\$650.00
Optional Clinical Placement (Cunningham Centre Immunisation Centre)	\$270.00
X-ray Operator Annual Training	\$260.00
X-ray Operator Annual Training (with assessment)	\$525.00
X-ray Operator Extended Scope course	\$1,295.00
X-ray Operator Introductory Course	\$2,790.00
X-ray Operator Practical Training	\$945.00

Entity		GL account code	Tax code
Darling Downs Hospital and Health	Service	577470	P9
Queensland Health, including:		450237	S9
Department of Health	 Metro South 		
Cairns and Hinterland	 North West 		
Central Queensland	 South West 		
Central West	 Sunshine Coast 		
Children's Health Queensland	 Torres and Cape 		
Gold Coast	 Townsville 		
Mackay	 West Moreton 		
Metro North	 Wide Bay 		