



**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.

**Student details**

Title	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Given name(s)	<input type="text"/>		
Preferred name(s)	<input type="text"/>		
Family name(s)	<input type="text"/>		

**Payment details**

Activity title	<input type="text"/>
Activity start date	<input type="text"/>
Net price	<input type="text"/>
GST (if applicable)	<input type="text"/>
<b>Total</b>	<input type="text"/>

**Payment authorisation**

ABN	<input type="text"/>		
Registered name of the organisation	<input type="text"/>		
Trading name(s) if applicable	<input type="text"/>		
<b>Postal address</b>			
PO Box/Street	<input type="text"/>		
Suburb/town	<input type="text"/>	State	<input type="text"/>
Authorised contact person	<input type="text"/>	Telephone	<input type="text"/>
Email address	<input type="text"/>		

*The invoice will be sent to this email address. The student's place in the activity is not confirmed until payment is made in full.*

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 one week prior to the activity start date above. I have read and agree to the Cunningham Centre [terms and conditions](#), and [refund guideline](#).

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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**Enquiries and completed forms**



**Cunningham Centre office use only**

Tax status	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non taxable	Fund centre	<input type="text"/>
Tax code	<input type="checkbox"/> S0	<input type="checkbox"/> S5	(GL) account code	450340
			Course offer code	<input type="text"/>

**Tier 3 – Payment by external participant or private organisation | Prices effective 1 July 2023**

<b>Workshop/course</b>	<b>Net price</b>	<b>GST</b>	<b>Total</b>
AS/NZS 4187 Essentials of Sterilising Workshop	\$372.73	\$37.27	\$410.00
Certificate III in Sterilisation Services (HLT37015) - Queensland participant or private organisation	\$4,305.00	\$0.00	\$4,305.00
Certificate III in Sterilisation Services (HLT37015) - Queensland participant or private organisation – RPL component (part payment)	\$1,675.00	\$0.00	\$1,675.00
Certificate III in Sterilisation Services (HLT37015) - Queensland participant or private organisation – Module 2 to 8 (part payment)	\$2,695.00	\$0.00	\$2,695.00
Cunningham Centre Immunisation Course	\$760.00	\$0.00	\$760.00
Optional Clinical Placement (Cunningham Centre Immunisation Course)	\$295.46	\$29.54	\$325.00
Supervisee Online Training	\$209.09	\$20.91	\$230.00
Supervisor Online Training	\$209.09	\$20.91	\$230.00
X-Ray Operator Annual Training	\$304.55	\$30.45	\$335.00
X-Ray Operator Annual Training (with assessment)	\$595.45	\$59.55	\$655.00
X-Ray Operator Introductory Course	\$3,040.91	\$304.09	\$3,345.00