



**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  Given name(s)   
 Family name(s)   
 HHS/Work unit

**Postal address**

This is the address the tax invoice/receipt will be sent to

PO Box/Street   
 Suburb/town  State  Postcode   
 Telephone

**Activity details**

Activity title   
 Activity start date  /  /  Activity fee \$

**Payment options** (All fields in this section must be completed to enable processing of the transfer)

**Option 1 | Journal transfer – Darling Downs Health only**  
 Cost centre  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 officer's name   
 Authorising officer's position   
 Authorising officer's signature  Date  /  /

**INTER-COMPANY JOURNAL**  
**Option 2 | Inter-company journal transfer – All other Hospital and Health Services**  
 Cost centre  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 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  /  /

**Enquiries and completed forms**



**Cunningham Centre office use only**

Course offer code   
 Tax status  Out of scope Fund centre   
 GL account code  Tax code

**Tier 1 – Payment by Queensland Health work units only | Prices effective 1 July 2022**

<b>Activity title</b>	<b>Total</b>
Allied Health Assistant Forum	\$100.00
AS/NZS 4187 Essentials of Sterilising Workshop	\$350.00
Certificate III in Sterilisation Services (HLT37015)	\$3,170.00
Cunningham Centre Immunisation Course	\$600.00
Delegation essentials	\$202.00
Optional Clinical Placement (Cunningham Centre Immunisation Centre)	\$250.00
Interprofessional Immunisation Workshop	\$300.00
Supervisee Workshop (Face to face)	\$190.50
Supervisee Workshop (Videoconference)	\$170.00
Supervisor Workshop (Face to face)	\$190.50
Supervisor Workshop (Videoconference)	\$170.00
X-ray Operator Annual Training	\$240.00
X-ray Operator Annual Training (with assessment)	\$485.00
X-ray Operator Introductory Course	\$2,585.00
X-ray Operator Practical Training	\$875.00

<b>Entity</b>	<b>GL account code</b>	<b>Tax code</b>
Darling Downs Hospital and Health Service	577470	P9
Queensland Health, including:	450237	S9
<ul style="list-style-type: none"> <li>• Department of Health</li> <li>• Cairns and Hinterland</li> <li>• Central Queensland</li> <li>• Central West</li> <li>• Children's Health Queensland</li> <li>• Gold Coast</li> <li>• Mackay</li> <li>• Metro North</li> <li>• Metro South</li> <li>• North West</li> <li>• South West</li> <li>• Sunshine Coast</li> <li>• Torres and Cape</li> <li>• Townsville</li> <li>• West Moreton</li> <li>• Wide Bay</li> </ul>		