



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"/>	Given name(s)	<input type="text"/>
Family name(s)	<input type="text"/>		
HHS/Work unit	<input type="text"/>		

Postal address

PO Box/Street	<input type="text"/>		
Suburb/town	State	Postcode	<input type="text"/>
Telephone	<input type="text"/>		

Activity details

Activity title	<input type="text"/>		
Activity start date	<input type="text"/>	Activity fee	\$ <input type="text"/>

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

JOURNAL	Option 1 Journal transfer – Darling Downs Health only	
	Cost centre	<input type="text"/>
	Internal order number	<input type="text"/>
	Fund type	<input type="text"/>

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	<input type="text"/>		
Authorising officer's position	<input type="text"/>		
Authorising officer's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Option 2 | Inter-company journal transfer – All other Hospital and Health Services

INTER-COMPANY JOURNAL	Cost centre	<input type="text"/>	Internal order number	<input type="text"/>	Company code	<input type="text"/>
	Fund type	<input type="text"/>	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	<input type="text"/>		
Authorising officer's position	<input type="text"/>		
Authorising officer's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Enquiries and completed forms



Nursing Education and Training
t. 07 4699 8100 | e. RIPRN@health.qld.gov.au

Cunningham Centre office use only

Course offer code	<input type="text"/>		
Tax status	<input checked="" type="checkbox"/> Out of scope	Fund centre	2500567
GL account code	<input type="text"/>	Tax code	<input type="text"/>

Tier 1 – Payment by Queensland Health work units only

Activity title	Total
RIPRN course	\$2,800.00
RIPRN course – Module 2: RPL	\$2,150.00
RIPRN course – Module 1: Pathway Module 2: RPL	\$2,290.00

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