



**Darling Downs Hospital and Health Service ABN 64 109 516 141**

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**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"/>		
HHS/Work unit	<input type="text"/>		

**Payment details**

*Tier 2 – Payment by self-funded Queensland Health employees*

Activity title	<input type="text"/>
Activity start date	<input type="text"/>
Net price	
GST (if applicable)	0.00
<b>Total</b>	<input type="text"/>

Payer name	<input type="text"/>
ABN (if applicable)	<input type="text"/>

**Postal address**

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

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

**Payment authorisation**

I have read and agree to the Cunningham Centre [terms and conditions](#) and [refund guideline](#). I agree to an invoice being issued.

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



Nursing Education and Training

t. 07 4699 8100 | e. [RIPRN@health.qld.gov.au](mailto:RIPRN@health.qld.gov.au)

**Cunningham Centre office use only**

Tax status	<input type="checkbox"/> Taxable	<input checked="" type="checkbox"/> Non taxable	Cost centre	<input type="text" value="2500567"/>
Tax code	<input type="checkbox"/> S0	<input checked="" type="checkbox"/> S5	(GL) account code	<input type="text" value="450340 (External)"/>
			Course offer code	<input type="text"/>

## Tier 2 – Payment by self-funded Queensland Health employees

### Standard payment

Activity title	Net price	GST	Total
RIPRN course	\$2,800.00	\$0.00	\$2,800.00
RIPRN course   Module 2: RPL	\$2,150.00	\$0.00	\$2,150.00
RIPRN course   Module 1: Pathway   Module 2: RPL	\$2,290.00	\$0.00	\$2,290.00

### Progressive payment

Please note: The progressive payment options include an administration fee of \$30.00 per module.

- Option 1 | NO RPL
- Option 2 | Module 2: RPL
- Option 3 | Module 1: Pathway | Module 2: RPL

		Net price	GST	Total
OPTION 1	Module 1   Professional practice	\$540.00	\$0.00	\$540.00
	Module 2   Immunisation practice	\$680.00	\$0.00	\$680.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$540.00	\$0.00	\$540.00
	Module 4   Clinical assessment and practice	\$1,160.00	\$0.00	\$1,160.00
	<b>Total</b>	<b>\$2,920.00</b>	<b>\$0.00</b>	<b>\$2,920.00</b>

OPTION 2	Module 1   Professional practice	\$540.00	\$0.00	\$540.00
	Module 2   Immunisation practice	\$0.00	\$0.00	\$0.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$540.00	\$0.00	\$540.00
	Module 4   Clinical assessment and practice	\$1,160.00	\$0.00	\$1,160.00
	<b>Total</b>	<b>\$2,240.00</b>	<b>\$0.00</b>	<b>\$2,240.00</b>

OPTION 3	Module 1   Professional practice pathway	\$680.00	\$0.00	\$680.00
	Module 2   Immunisation practice	\$0.00	\$0.00	\$0.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$540.00	\$0.00	\$540.00
	Module 4   Clinical assessment and practice	\$1,160.00	\$0.00	\$1,160.00
	<b>Total</b>	<b>\$2,380.00</b>	<b>\$0.00</b>	<b>\$2,380.00</b>