



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



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	Fund 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"/>
			Course offer code	<input type="text"/>

## Tier 3 – Payment by external participant or private organisation

### Standard payment

Activity title	Net price	GST	Total
RIPRN course	\$3,920.00	\$0.00	\$3,920.00
RIPRN course   Module 2: RPL	\$3,160.00	\$0.00	\$3,160.00
RIPRN course   Module 1: Pathway   Module 2: RPL	\$3,285.00	\$0.00	\$3,285.00

### 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	\$775.00	\$0.00	\$775.00
	Module 2   Immunisation practice	\$790.00	\$0.00	\$790.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$775.00	\$0.00	\$775.00
	Module 4   Clinical assessment and practice	\$1,700.00	\$0.00	\$1,700.00
	<b>Total</b>	<b>\$4,040.00</b>	<b>\$0.00</b>	<b>\$4,040.00</b>

OPTION 2	Module 1   Professional practice	\$775.00	\$0.00	\$775.00
	Module 2   Immunisation practice	\$0.00	\$0.00	\$0.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$775.00	\$0.00	\$775.00
	Module 4   Clinical assessment and practice	\$1,700.00	\$0.00	\$1,700.00
	<b>Total</b>	<b>\$3,250.00</b>	<b>\$0.00</b>	<b>\$3,250.00</b>

OPTION 3	Module 1   Professional practice pathway	\$900.00	\$0.00	\$900.00
	Module 2   Immunisation practice	\$0.00	\$0.00	\$0.00
	Module 3   Pharmacokinetics/pharmacodynamics and safe medication practice	\$775.00	\$0.00	\$775.00
	Module 4   Clinical assessment and practice	\$1,700.00	\$0.00	\$1,700.00
	<b>Total</b>	<b>\$3,375.00</b>	<b>\$0.00</b>	<b>\$3,375.00</b>