**Authority to Invoice**

**(General Enrolment Fees)**

To be completed by the Employer/Agency for payment of participant/s fees per the details below.

**ALL DETAILS MUST BE COMPLETED FOR AUTHORITY TO COMPLY WITH LEGAL REQUIREMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MULTIPLE STUDENTS (Attach List )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SINGLE STUDENT (Complete Details Below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth: | | | | | |  | | | |  | | |
| Qualification/Course name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Student Number: | | | | | |  | | | | |  | |
| Does the student have a current concession card: | | | | | | | | | | | | | YesNo | | | | | If so, concession card type: | | | | | | | | | | | |  | | | | | | | | |
| Card No. | | |  | | | | | | | | | | | | | Expiry Date: | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYER/AGENCY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer/Agency name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ABN | | | | | | | |  | | | | | | | | | | | | | Are you registered for GST? | | | | | | | | | | YesNo | | | | | | | |  | |
| Physical address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | |  | | | |  | |
| Postal address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Postcode | | | | | |  | | | |  | |
| Contact name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Phone | | | | | | | |  | | | | | | | | | | | Fax | | | | | |  | | | | | | | | | | | | | |  | |
| Email | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **CHARGE AUTHORITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purchase Order No: (if applicable) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fees include:** | | | | |  | Enrolment Fees | | | | | |  | | Student ID / IT Charges | | | | | | | | |  | | | Recognition of Prior | | | | | |  | Other (please state) | | | | | | | |
|  | (Tuition and Materials) | | | | | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | Learning (RPL) | | | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | **Fees for duration of authority from**       /       /       to       /       / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Fees up to and including** | | | | | | | | | | $ | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | OR | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | **Continual basis *- For Apprentices and Trainees only (SRTO must attach Delta/Toledo report)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | **Current student/s at the time of signing Agreement ONLY** | | | | | | | | | | | | |  | | | | | **Current student/s and FUTURE student/s** | | | | | | | | | | | | | |
| ***\*This Authority acts as an ongoing request for services and will apply to all students that are officially registered to the Employer/Agency on the Delta/Toledo System up to a 4 year period from the date of signing.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CANCELLATIONS:** *If an apprentice/employer cancels a training contract, prior to commencement of the program, the employer may apply for a refund via an approved application form. A $100 administrative charge may apply.*  **WITHDRAW REQUEST:** *To withdraw this request, the Employer/Agency must notify the region in writing.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *By signing this Authority to Invoice, the Employer/Agency is requesting that the region provide educational services to the Employer/Agency.*  **I (Employer/Agency or authorised person) agree to pay the fees for this qualification/s:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed : | | | | | | |  | | | | | | | | | | | | | Date: | | | | | | | /       / | | | | | | | | | | | |  | |
| Name: (please print) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Position: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Please return to:**  For your local TAFE Queensland campus contact details: http://tafeqld.edu.au/about-us/locations/index.html | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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***Privacy Statement:*** *TAFE Queensland is collecting the information on this form to enable the region to forward you an invoice pursuant to this agreement. Only authorised officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law*