



RTO 52788 Phone 1300 996 573 www.northregionaltafe.wa.edu.au PO Box 1380 Broome WA 6725 ABN 85116774747

We're working for Western Australia.

Fee Payment Authorisation Form

COURSE DETAILS				
National Code		Course Name		
Fee Payment Authorisation	n applies to duration of App	prenticeship?	<u>OR</u> Year	
Campus				
Lecturer		Phone/Email		
NRT Contact Person		Phone/Email		
STUDENT DETAILS (If you are e	nrolling multiple students, please re	fer to page 2)		
Student Name		Student Number		
Phone Number		Email		
EMPLOYER OR AGENCY DETA	ILS (Only required if a third party is	paying for student enrolments)		
Organisation Name		ABN		
Invoicing Address		Post Code		
Authorised By		Position/Title		
Phone Number		Email:		
PAYMENT OPTIONS				
Purchase Order (attached)	Please issue invoice	Credit Card (a link will be emailed to you when payment is due)	Phone payment (call 1300 996 573)	





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GOVERNMENT OF WESTERN AUSTRALIA

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STUDENTS

Student Name	Student ID	Fee
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Book/Resource Fees	\$
	TOTAL FEE (include GST if applicable)	\$

ACKNOWLEDGEMENT AND AUTHORITY
In signing this payment authority I acknowledge and accept full responsibility for the payment of all fees and charges relating to the above-named student/s enrolment at North Regional TAFE. This agreement remains in place regardless of the student/s employment circumstances with the employer/agency and/or any payment arrangement made between the employer/agency and student.
Name Signature Date