

Enrolment Form Invoice Authorisation

- the nature of the guarantee given by Alan Bartlett Consulting Pty Ltd to complete the training and/or assessment once study has commenced in the chosen qualification/course
- the fees and charges for additional services, including such items as issuance of a replacement qualification testamur and the options available if deemed not
- Alan Bartlett Consulting Pty Ltd refund policy

The terms of invoicing/payment have previously been agreed to by all parties (please proceed straight to the permission to photograph/publish form)

4. Funding Source

My employee/s was/will be assessed by an Australian Apprenticeship Centre (AAC) Yes / No

New Start Trainee (User Choice/ATTP - QLD; NT; NSW; ACT and SA)

Applies to Students/Trainees employed continuously with their current employer for **less** than 3 months full-time or 6 months part time immediately prior to commencement of the training contract. **Conditions Apply - AAC assessment required**

****Please note:** New Start Traineeships are only available to eligible participants in QLD; NSW; ACT; NT and SA

Existing Worker Trainee (EWT)

Applies to Clients/Trainees employed continuously with their current employer for **more** than 3 months full-time or 12 months casual or part-time or combination of both, immediately prior to commencement of the training contract. **Conditions Apply - AAC assessment required**

****Please note:** 'State' Funding for Existing Worker Traineeships is only available to eligible participants in QLD

Fee For Service (FFS)

My employee has no access to government funding and all invoices should be directed to the nominated person below

5. Invoicing details of paying client

Person/Persons to whom invoice will be addressed: _____

Employer/Company/School/Department/Other: _____

Postal Address: _____

Suburb: _____ Postcode

Phone () _____ Fax () _____

email: _____

Please circle preferred method for sending invoices Mail/Post Fax Email

I acknowledge that I fully understand my rights and obligations under this contract and the various documents referred to within it. I have been provided adequate time to acknowledge this information and have sought any and all professional advice I require. I have been provided time to read and understand the Fees Schedule and Refund Policy as set out in the client handbook.

Employer (authorised representative) or Supervisor		Host Employer (authorised representative) or Supervisor	
Signature:		Signature:	
Date:		Date:	