

Payment Extension Request Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy
 CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Student Details					
Given Name:		Middle Name:			
Last Name:		Mobile:			
Student ID No:		Email:			
Home Address:				Post Code:	
Current Course:					
Course Start Date:					
2. Payment Details					
Invoice Number:		Amount:			
Note: Please provide details of financial hardship and submit supporting documentation (e.g., bank statements)					
Payment 1	Payment 2	Payment 3	Payment 4	Payment 5	
Amount:	Amount:	Amount:	Amount:	Amount:	
Date due:	Date due:	Date due:	Date due:	Date due:	
Failure to make a payment on the due date will incur additional fees as per fee policy					
3. Acknowledgement					
I understand that my application for an extension on fee payment will be processed in accordance with Auscare Training Organisation's Student Fees and Charges Policy.					
Student Name:		Signature:			
4. Office Use Only					
Authorisation for Processing					
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED AMOUNT		
Name:				Date:	
Signature:					