

**2011 Student Application for Enrolment Form**

RTO Provider No:21573 || ABN 61470537339

1/58 Mahoney's Road Thomastown VIC 3074 || Postal -PO Box 70 Mill Park, VIC 3082

Tel: 03 94695483 || Fax: 03 94695485 || [www.beautyandhairacademy.com.au](http://www.beautyandhairacademy.com.au)E:[info@beautyandhairacademy.com.au](mailto:info@beautyandhairacademy.com.au)

## Student Payment Plan Application Form

This plan is not required for regular term or semester payments as specified in the fee options for each course. Students only need to complete this plan if they are not able to pay the set amounts for a deposit, term or semester.

Student name:	Student number:
Parent name (if under 18):	Parent contact number:
Student address:	
Student phone:	Student email:

Tuition period/year:	Total amount owing:				
I would like to pay the following amounts on the dates below (please note you cannot break your fees into more than sixteen payments):					
Payment 1	Date:	Amount:	Payment 9	Date:	Amount:
Payment 2	Date:	Amount:	Payment 10	Date:	Amount:
Payment 3	Date:	Amount:	Payment 11	Date:	Amount:
Payment 4	Date:	Amount:	Payment 12	Date:	Amount:
Payment 5	Date:	Amount:	Payment 13	Date:	Amount:
Payment 6	Date:	Amount:	Payment 14	Date:	Amount:
Payment 7	Date:	Amount:	Payment 15	Date:	Amount:
Payment 8	Date:	Amount:	Payment 16	Date:	Amount:

I understand that I am required to make my payments on the set dates or the following late penalties will apply:

- Up to seven days late – no additional amounts
- Eight to 14 days late – extra \$50 payable with total amount
- Over 15 days late – students will not be permitted to continue their course until total amount owing is paid

I also understand that it is my responsibility to ensure I make the payments on the due dates. The academy may contact me to remind me but this is a courtesy only and not a requirement.

I understand that I must pay all amounts even if I decide to withdraw from the course during the tuition period included in this plan.

I understand that this plan is not considered approved until a signed copy is returned to me from Beauty & Hair Academy of Australia Pty Ltd.

Student signature:	Date:
Parent signature (if under 18):	Date:

Document Name:	Student Payment Plan Application Form	Created Date:	1.10.2009
Version No:	V2 BHACOM18	Last Modified Date:	19.3.2011
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Does payment plan meet requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is payment plan approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all payments been entered on Vettrak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all invoices been printed and given to trainee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has form been placed in students file:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorising staff name:	Date:	
Authorising staff signature:		

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