

## EMPLOYER/THIRD PARTY INVOICE AUTHORISATION FORM

Students are legally liable for all fees and charges associated with their enrolment at Holmesglen Institute. An Employer or Third Party can elect to pay the fees on behalf of the student on completion of this Employer/Third Party Invoice Authorisation Form. If for any reason the Employer or Third Party does not pay the outstanding fees the student will remain liable for the fees.

### EMPLOYER/THIRD PARTY DETAILS

Employer/Third Party Name  
 \_\_\_\_\_

ABN  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Person  
 \_\_\_\_\_

Position  
 \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### PLEASE SELECT ONE OPTION

<p><b>A</b></p> <p><b>For students that are not Apprentice/Trainee</b></p> <p><input type="checkbox"/> Specific Amount \$ _____</p> <p><input type="checkbox"/> All fees including course fees for the course enrolment</p>	<p><b>OR</b></p>	<p><b>B</b></p> <p><b>For Apprentice or Trainees</b></p> <p><input type="checkbox"/> All fees including course fees for the duration of the Training Contract between the student and the employer.</p>
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### STUDENT DETAILS

Course Name  
 \_\_\_\_\_

Name _____	ID Number _____
Name _____	ID Number _____
Name _____	ID Number _____
Name _____	ID Number _____

### EMPLOYER / THIRD PARTY ACKNOWLEDGEMENT AND AUTHORISATION:

In signing this Invoice Authorisation Form, the Employer/Third Party acknowledges that they are accepting full responsibility for the payment of all fees and charges relating to the above named student/s enrolment at Holmesglen Institute. If the student ceases their employment with the Employer, the Employer will pay all fees payable to Holmesglen Institute up to the date the student/s employment with the Employer ends.

Any rescindment of this Authority must be provided to Holmesglen Institute in writing and any fee incurred or invoiced prior to this rescindment authority will remain the responsibility of the Employer / Third Party  
 Signed for and on behalf of the Employer/Third Party:

#### Authorised Representative:

\_\_\_\_\_

#### Authorised Signature:

\_\_\_\_\_

Date

\_\_\_\_\_

### RETURN COMPLETED FORM TO:

#### For apprentices and trainees:

Apprentice Central  
 PO Box 42  
 HOLMESGLEN, VIC 3148  
 Or via email: [appcentral@holmesglen.edu.au](mailto:appcentral@holmesglen.edu.au)

If you have any queries in relation to this FORM please contact Apprentice Central on 95641888

#### For all other students:

Registrars Department  
 PO Box 42  
 HOLMESGLEN, VIC 3148  
 Or via email: [registrars@holmesglen.edu.au](mailto:registrars@holmesglen.edu.au)

If you have any queries in relation to this form please contact [info@holmesglen.edu.au](mailto:info@holmesglen.edu.au) on 95641555.

**On receipt of the completed Invoice Authorisation Form, an invoice will be forwarded to the Employer/Third Party. All invoices generated in accordance with this Employer/Third Party Invoice Authorisation Form will be payable within 30 days from date of Invoice.**