

Student AdministrationFreecall:1800 677 095Phone:(08) 8939 7215Address:c/ PO Batchelor NT 0845Email:studentfees@batchelor.edu.au

FEE200 - VET THIRD PARTY SPONSORSHIP OF FEES

PURPOSE OF THIS FORM

The purpose of this form is to enable a Third Party, or like, to sponsor a student's fees. This means the Third Party will be liable for the fees incurred by the student, in a specific year and/or teaching period.

IMPORTANT INFORMATION FOR A THIRD PARTY SPONSOR

- This form is only valid for 2025. You will need to complete a new form for each year
- An email address must be supplied by the Third Party. Invoices will be sent to the specified email provided on the form
- By completing and returning this form to Batchelor Institute, the Third Party agrees to sponsor the students listed on this attachment
- If the student has a pre-existing debt with Batchelor Institute, any form of AQTF certification will not be available until the pre-existing debt is also cleared
- To cancel this sponsorship agreement, written revocation is required by Batchelor Institute and should be forwarded to studentfees@batchelor.edu.au
- Cancellations will be processed for the following teaching periods. Example: If a cancellation request is received in Teaching Period 2, the request will be valid from the following Teaching Period (TP 3) onwards.
- Batchelor Institute will invoice the Third Party in June and December of the specified year. This amount will be a total of all of the students sponsored under the same Third Party/Employer.

RETURN TO

Please return this form to studentfees@batchelor.edu.au for processing.

This information will be collected and stored and used at Batchelor Institute in accordance with the Information Privacy Principles set out in the Northern Territory Information Act. If you have any queries regarding storage and collection of your information, please refer to the Institute's Privacy Statement <u>www.batchelor.edu.au/privacy-statement</u> or contact the Institute at privacyofficer@batchelor.edu.au or phone (08) 8939 7345.



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SECTION 1 - BUSINESS DETAILS

I/We agree to pay Batchelor Institute the fees (tuition and/or RPL) associated with the below students: (Please attach a separate list if space is insufficient)

Business Name	Authorising Officers/Manager	
Department	Contact Email	
Postal Address	Position	
City/Suburb	Signature	
ABN	Date	
Email invoice to		

SECTION 2 - COURSE INFORMATION

Student No	Surname	Given Name	Course Code	Course Name	All of 2025	TPI	TP2	TP3	TP4
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Signature				
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Signature				
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form					gnature			·

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Student No	Surname	Given Name	Course Code	Course Name	All of 2025	TP1	TP2	TP3	TP4
Optional	I I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Si	gnature			
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Signature				-
Optional	I I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Signature				-
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form			Student Si	gnature			-	
Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form			Student Signature					
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Optional	I, the named student above, authorise my course progression details and/or results to be released to the Third Party specified on this form				Student Si	gnature			

BATCHELOR INSTITUTE OFFICE USE ONLY

Student Administration						
Name and Date		Division				
Signature		Email Address				
Division ABN		Sponsor Code				
Phone		Sponsor Name				
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