

EMPLOYER DETAILS AND DIRECT DEBIT AUTHORITY

SECTION 1: BUSINESS DETAILS

Trading Name: _____

Legal Entity: _____

What is your industry or principal activity: _____

ABN: _____ Number of Employees _____

Business Address: _____

_____ Postcode: _____

Postal Address: _____

_____ Postcode: _____

Contact Numbers: Phone: () _____ Fax: () _____

Mobile: _____ e-mail: _____

SECTION 2: CONTACT PERSON

Name: _____

Position: _____

Contact Numbers: Phone: () _____ Fax: () _____

Mobile: _____ e-mail: _____

I would like to receive the e-newsletter and relevant training information

Yes No

SECTION 3: NOMINATED BANK ACCOUNT

Account Name: _____

BSB No: _____ - _____ Account No: _____

Financial Institution: _____

Branch: _____

SECTION 5: DIRECT DEBIT AUTHORITY

- 5.1 The employer nominated in this agreement authorises **Debit Success** ACN 095 551 581, APCA User ID Number 184534 to debit their account at the financial institution identified below through the Bulk Clearing System (BECS). This authorisation is to remain in force in accordance with the terms and conditions that follow.
- 5.2 Debit Success will debit the nominated employer account in accordance with the terms outlined in 5.1
- 5.3 In the unlikely event of the employer changing the terms of this debit authority changes must be agreed to in writing by the Registered Training Organisation and forward to debit success 14 days prior to the next nominated debit date.
- 5.4 If the employer wishes to dispute any payment, you must notify Debit Success immediately. Debit Success will respond in writing within 7 working days and will immediately refund the amount of the debit if they are not able to substantiate the reason for it. Debit Success contact no: 1800 148 848
- 5.5 It is the employer's responsibility to ensure that on the due date clear funds are available in your nominated account to meet the direct debit payment. Should your payment be dishonoured, Debit Success will debit you an additional \$5.00 within your next payment.
- 5.6 In addition to those already mentioned, the employer is responsible for ensuring that your nominated account is able to accept direct debits. If it is not, it is your responsibility to provide Debit Success with a new account number.
- 5.7 The employer's account records and details will not be disclosed to any outside person or entity except in accordance with the rules laid down in the contract and where such information is required in connection with any claim for an alleged incorrect or wrongful debit.

SECTION 6: MAINTENANCE OF RECORDS

- 6.1 **Commonwealth Incentive Payments.** The Employer understands that the administration of these payments is the sole responsibility of the appointed **Australian Apprenticeship Centre (AAC)**. Any queries about the commonwealth incentive payments will be directed to the appropriate **AAC**.
- 6.2 The Employer shall agree not to withhold a valid fee payment to State Enterprise Training or S.E.T. Management based on a delay or refusal of a Commonwealth Incentive Claim. Each commonwealth claim and subsequent payment to S.E.T. shall be treated independently.
- 6.3 In the event of The Employer defaulting in the agreed payment to S.E.T., then S.E.T. may cease all training and contact the relevant state training authority and AAC to suspend a traineeship program.
- 6.4 Issuing of Qualifications and Statements of Attainment to training participants cannot occur until any outstanding payments to State Enterprise Training have been finalised.

SECTION 7: CANCELLATION POLICY

State enterprise training cancellation

If in the unlikely event any program is cancelled by state enterprise training then a full refund of all fees paid up until that point will be refunded.

Participant cancellation

If a participant cancels from a program the following will apply:

a) Within 90 days of enrolment

The following will be charged if they have been received:

\$150 for resources

\$375 for each unit assessed as competent

\$400 for each workshop attended

b) After 90 days from enrolment.

There will be no refund of any fees paid due to participant cancellation.

Please note: qualifications or statements of attainments cannot be issued until any outstanding charges owing to state enterprise training have been paid.

SECTION 8: PRIVACY

Further I authorise State Enterprise Training to seek information about any aspect of the qualification, we are undertaking for the purpose of properly managing the qualification processes. This may include obtaining copies of relevant forms and documents, progress reports and quality checks. Such information may be gathered from the State Training Authorities, Registered Training Organisations, The Commonwealth Department of Education, Science and Training and Australian Apprenticeship Centres. I understand that State Enterprise Training Group will not pass this information to any other party without my written permission.

SECTION 9: DISCLAIMER

Training and assessment information will be provided to your staff. Whilst care has been taken to ensure the accuracy and relevance of the information provided to your staff, this information is of a general nature only and neither represents nor is intended to be advice on any particular matter. State Enterprise Training does not accept any liability or responsibility for any actions taken by your staff, or advice given by your staff, to others, as a result of their participation in our training program.

SECTION 10: PARTIES TO THE AGREEMENT:-

On behalf of the "The Employer",

Name: _____

Title: _____

Signature: _____

Date: _____

On behalf of the State Enterprise Training,

Name: _____

Title: _____

Signature: _____

Date: _____