Academy Of Training
RTO Code 91215 | ABN 99 114 087 937

Student Payment Plan Request Form

SECTION 1- INSTRUCTIONS

How to apply:
Please complete this form to apply for a payment plan prior to commencement.
When you apply for a payment plan arrangement, you must provide a detailed personal statement regarding your financial difficulties and why you are unable to pay your fees on time.

Submit your application
Send this completed form and a detailed personal statement to **reception@academyoftraining.edu.au**
If no personal statement is provided, your application will not be assessed.
Please allow up to 5 business days for processing time and to receive a response to your email.

Installment Arrangements
You will be required to pay the first installment of your fees for the current block, before the Payment Plan can be activated. The remaining balance will be paid in installments as defined by AOT.

Cancellation of Payment Plan Arrangement
To cancel your Payment Plan Arrangement, please advise the AOT Administration of your cancellation by email to **reception@academyoftraining.edu.au**

SECTION 2- PERSONAL DETAILS

Student Lastname:		**Payment Plan No:** (office use only)	
Student Firstname:		**Date of Application:**	
Contact Number		**Date of Birth:** (dd/mm/yyyy)	____ / ____ / _____
Current Address		**Suburb**	
		Postcode	
Email Address:			

SECTION 3- PAYMENT PLAN

Course Title			
Total Fees	$	**Total Weeks for Installments:**	_____ weeks Installments due every Friday
First Installment Payment Amount must be paid on the first Friday after the Approval Date	$	Date Due:	_____ / _____ / _____
1ST Installment	$	Date Due:	_____ / _____ / _____
2ND Installment	$	Date Due:	_____ / _____ / _____
3RD Installment	$	Date Due:	_____ / _____ / _____
4TH Installment	$	Date Due:	_____ / _____ / _____
5TH Installment	$	Date Due:	_____ / _____ / _____
Final installment	$	Date Due:	_____ / _____ / _____

Note that AOT reserves the right to refuse entry in class in case of non-payment and default.

SECTION 4- STUDENT DECLARATION

I declare that the information on this form is complete and correct. I understand this is an Application for a Payment Arrangement **and does not constitute approval** of a Payment Plan. I have read and understood the AOT Fee Policy.

Name _____ Signature _____ Date _____

SECTION 5- APPROVAL

Manager's Approval ☐ Approved ☐ Not Approved	Name	Signature	Date
Provide a reason if not approved			