



NSW FAMILY DAY CARE
ASSOCIATION INC.

NSW Family Day Care Association Inc.

ABN: 97 377 365 755



COURSE EXTENSION FORM

SECTION A: STUDENT DETAILS	
Surname:	
Given Names:	
Date of Birth :	
SECTION B: CURRENT COURSE DETAILS	
Course Name:	
Course Start Date:	
Course Finish Date:	
SECTION C: EXTENSION REQUEST DETAILS	
Extension Period:	(max. 6 months) <input type="checkbox"/> 3 months \$75.00 <input type="checkbox"/> 6 months \$150.00
Payment Method:	<input type="checkbox"/> Bank Transfer - BSB# 032 272 / Acc# 162 368 <input type="checkbox"/> Credit Card -
Amount: \$ _____	Card Number: _____ Expiry Date: _____
<i>** Important Note: Please put your Full Name and Type of Payment on bank transfer description and send your transfer receipt to accounts@nswfdc.org.au</i>	
Reason for Extension:	
Terms and Conditions:	
<input type="checkbox"/> I hereby confirm that I will complete my remaining units and submit assessment required within the stated period;	
<input type="checkbox"/> I understand that re-enrolment and full course fees will be required to continue my studies if I do not complete within the stated period;	
<input type="checkbox"/> I am aware that it is my responsibility to maintain contact with PEAK Training should I have concerns or questions regarding my enrolment or participation in the course.	
Signature:	Date:
OFFICE USE ONLY:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
New Finish Date:	
RTO Manager:	Date Signed:
Accounts	
Checked by:	Approved by:
PEAK Training	
Comments:	
Processed by:	Date Processed: