



# NSW Family Day Care Association Inc.

ABN: 97 377 365 755



## RESIT FORM

SECTION A: STUDENT DETAILS	
Surname:	
Given Names:	
Date of Birth :	
Course Name:	
SECTION B: DOCUMENT REQUEST DETAILS	
I would like to resubmit _____ unit (s):	
Unit Code (s):	Unit Name (s):
	Total # of units
	Cost per unit
	Total
	X \$ 50.00
I fully understand of the following terms and conditions:	
<input type="checkbox"/> The processing of Resit form is 10 working days from date of receipt.	
<input type="checkbox"/> Request will not be processed unless payment has been made.	
<input type="checkbox"/> Assessment needs to be re-submitted within 2 weeks after payment has been processed.	
<input type="checkbox"/> Failure to complete the 3 <sup>rd</sup> assessment of this unit will entail re-enrolment and full payment of the unit.	
Please mail to:	
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>	
Signature:	Date:
OFFICE USE ONLY:	
Accounts	
Checked by:	Payment Details:
Approved by:	<input type="checkbox"/> Fully Paid <input type="checkbox"/> Partial Payment
	<input type="checkbox"/> Balance _____
PEAK Training	
Comments:	
Processed by:	Date Processed:
Date Document Sent:	Date Document Received: