

F-048.2.25 Statement of Fees CHC43315

Dear Student Name:

To make an informed decision about your course, please see below the relevant information. Should you have any further questions, please contact one of our training advisors.

Course Code & Title	CHC43315 - Certificate IV in Mental Health							
Qualification Status	Current	Release Numb	er: 3		Release	Date:	08/04/20)22
RTO	ASH Pty Ltd tra	iding as Ashley	Institute of T	Training		TOID	20749	
Entry Requirements	Refer to Practical Placement Check Fees Section below.							
Delivery Locations								
Tick ONE option &	North Lakes Logan Central Other							
Write Location if Other								
Practical Placement	80 Hours of practical placement – Please refer to Practical Placement Check Fees Section							
Course Fees	You MUST tick the applicable option to you. Private – Full Fee Paying \$198.00 							
Course Fees Payable by	es Payable by							
Tick ONE option	□ Student □ Employer *							
Payment Terms	*(If ticked, please ensure Employer Declaration is signed.)							
	Job Network/ Other							
	Payment to be made within 7 days of receiving invoice.							
Decomition of Drive Looming	Qualification Level				Amount (\$) per unit			
Recognition of Prior Learning (RPL) & Reassessment Fees	Cert IV level			\$270.00				
Table	Con DIOFT O Training and Assessment Dalian Q. Durandhura for many information							
Student Non-Tuition Fees	Administration fees (\$0.00) Resource fees (\$0.00) Reprint of Cert/Award (\$85.00)							
Practical Placement Check	Qualification Name		Police (V, W		Card NDIS	Vax	Flu Shot	
Fees			Clearance (V, W	(v, w \$101.30	30 or) or Screening	Status (Up to	Shot (Up to
You must apply for these as part of your practical			(0, 00 \$153 i \$54.90) NDIS)	incl Check	Date)	Date) Date)		
placement component				NDISJ		(V, W\$138)		
V=Volunteer (No-Fee)	CHC43315 - Co in Mental Hea		Yes	Ye	es	Yes	Yes	Yes
W=Workers (\$)								
	Please tick the option that applies to you.							
Course Funding	This training IS IS IS NOT provided with State Government					overnment Fund		
Eligibility Info								
Acknowledgement of Obligations								
Obligations								

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	 I understand my fee obligations have been discussed and details provided on this Statement of Fees 			
	 I have been provided access to the Student Information Guide which details all support services available to the students 			
	 I confirm that my signature and date below confirm the date that I was provided with this information 			
Other Information	Ashley Institute of Training does not subcontract or use third party providers for the delivery, training or assessment of this course.			
	The student tuition fees are indicative only and are subject to change given individual circumstances at enrolment.			
	For detailed information on course fees and how they are handled (e.g., refunds, payment options and cooling off periods), please see P-033.2 Fees Charges and Refunds Policy and Procedure which can be accessed via the RTO Website.			

Student Name:	Date:	
Signature:		

Employer Declaration – This declaration is to be filled out if the employer is paying the Course Fees on behalf of the student.

- □ I understand my fee obligations as per the P-033.2 Fees Charges and Refunds Policy & Procedure on the RTO website.
- □ I understand that if the employment status of the student changes I must notify the RTO.

For Employers

□ I confirm I have read and understood the D-005.2 Employer Information Guide.

Employer Name:	Employer Position:	
Signature:	Date:	