

Fee payment form

To be completed by trainees who are training under the Fellowship Regulations 2012.

Please submit this form to the College's finance department. **Email:** accounts.receivable@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Finance, 309 La Trobe Street, Melbourne VIC 3000, Australia.

The College accepts payments by credit card (Visa and MasterCard only) or electronic funds transfer (EFT).

RANZCP ID

Trainee name

Contact address* (please indicate) Personal Business

.....
.....
.....
.....

Mobile phone*

Email address*

*Your details will be updated on the College database if they don't match the existing records.

PAYMENT DETAILS

- | | |
|---|--|
| <input type="checkbox"/> Initial registration | <input type="checkbox"/> Recognition of Prior Learning |
| <input type="checkbox"/> Full-time training | <input type="checkbox"/> Psychotherapy Written Case submission |
| <input type="checkbox"/> Half-time training | <input type="checkbox"/> Scholarly Project submission |
| <input type="checkbox"/> Break-in-training | <input type="checkbox"/> Scholarly Project exemption |
| <input type="checkbox"/> Other (please specify) | |

Electronic funds transfer Date of transfer

Australian EFT payments to:		New Zealand EFT payments to:	
Bank	Westpac Banking Corporation	Bank	Westpac NZ
BSB	033178	Account No	03-0207-0285242-000
Account No	801076	Account name	RANZCP
Account name	RANZCP	Payment description	[RANZCP ID or full name]
Payment description	[RANZCP ID or full name]	Reference number	
Reference number			

Credit card payment Visa MasterCard

Card no Expiry date

Signature

Amount \$..... AUS NZ

Fees will be deducted within 10 working days of receipt of this form. Please ensure that funds are available during this time.