

EMPLOYER FUNDED TRAINING FORM

This form is to be filled out by the employer when they have agreed to fund the training of a student or students as provided by Flexible Business Learning (FBL). FBL requires the below information for our financial and training records. All information provided to FBL is used according to the FBL Privacy Policy which can be found on our website.

EMPLOYER INFORMATION

Company Name: _____ ABN: _____
Address: _____ Suburb - _____ State - _____ Postcode - _____
Employer Contact: Name - _____ Position - _____
Phone - _____ Email - _____

STUDENT AND COURSE DETAILS

Course Name: _____ Course Code: _____
Learning Method: Distance Classroom Client Customised – explain: _____

Classroom details (if applicable): Venue - _____ Course Dates - _____

Course fees are to be paid for the following students: (list student names – first and last)

If you need more room please continue to list students on the reverse side of this form.

PAYMENT INFORMATION

I require an invoice before supplying payment information: Yes No

If you require an invoice before payment please provide the following information

Accounts Contact: Name - _____ Position - _____
Phone - _____ Email - _____

PO Number: (if applicable) _____

If you do not require an invoice, please provide payment details below

Select one of the following payment methods: Cheque or Money Order Visa Mastercard
(make payable to Flexible Business Learning Pty Ltd and attach)

Credit Card Details: (if applicable) Card Number - _____ Expiry Date - _____

Cardholder Name - _____ Cardholder Signature - _____

A tax invoice will be sent to you confirming your payment.

EMPLOYER DECLARATION

By signing here, I confirm that our company will provide payment for all course fees, as stated in the FBL Fees and Charges, for the students included above and/or on the reverse of this form. Our company also agrees to adhere to the FBL Payment Terms and Conditions. I declare that all information provided on this form is accurate as of today, and I agree to inform F Learning of any changes to this information as soon as is practicable.

Name: _____ Signature: _____ Date: _____