

Financial Hardship Application Form

Purpose

This form is to seek approval for a change to fee payments. It is applicable to members who are experiencing financial hardship. The completed form is emailed to acrrm@acrrm.org.au

The application is subject to approval and you will be notified of the outcome within 14 days of the date of the application for a payment plan or 30 days for applications for the waiving of fees.

Member name	
ACRRM Membership Number	
Training pathway (if applicable)	<input type="checkbox"/> IP <input type="checkbox"/> RGTS <input type="checkbox"/> AGPT <input type="checkbox"/> RVTS

Fee type

Which fee/s does the application relate to? (Provide details)

Membership	<input type="checkbox"/>	
Education Program	<input type="checkbox"/>	
Training Admin Support	<input type="checkbox"/>	
Assessment support	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	
Course	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

What are you seeking? (Provide details)

Late Payment <input type="checkbox"/>	
Proposed date:	
Payment Plan <input type="checkbox"/>	
Fee reduction or fee waiver <input type="checkbox"/>	

What are the reasons for seeking a change to fee payments?

Signature	
Date	