# Fee Waiver Application Form

## Purpose

This form is to seek approval for a fee waiver. It is applicable to members who are experiencing financial hardship. The application is subject to approval and you will be notified of the outcome within 30 days of the date of the application.

Are you an ACRRM registrar?
If 'Yes' please email the completed form to training@acrrm.org.au
If 'No' please email the completed form to membership@acrrm.org.au

(Provide details below)

| | |
|---|---|
| Member Name | |
| ACRRM Membership Number | |
| Registrar Training Pathway (if applicable) | AGPT ☐ RGTS ☐ RVTS ☐ IP ☐ |

## What are you seeking?

| | |
|---|---|
| Fee type | Membership ☐ IP Education Program Training ☐<br>IP Training Support ☐ Assessment ☐ Study Groups ☐ |
| Assessment type (if required)<br>Type and date range eg CGT StAMPS 18-19 Oct 25 | |
| Fee Amount | |
| Other Payment Plans in place | |

## Additional Details

| |
|---|
| Please provide additional details as to why the request is being made. |

| | |
|---|---|
| Applicant Signature | |
| Application Date | |

## FOR OFFICE USE ONLY

| | |
|---|---|
| Recommended (GM)<br>(insert recommendation and any relevant details) | |
| Approved (CEO) | Yes ☐ No ☐ |