

# 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 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.

Are you an ACRRM registrar?

If 'Yes' please email the completed form to [training@acrrm.org.au](mailto:training@acrrm.org.au)

If 'No' please email the completed form to [membership@acrrm.org.au](mailto:membership@acrrm.org.au)

(Provide details below)

Member Name			
ACRRM Membership Number			
Registrar Training Pathway (if applicable)	AGPT <input type="checkbox"/>	RVTS <input type="checkbox"/>	IP <input type="checkbox"/>

## What are you seeking?

Fee type	Membership <input type="checkbox"/> IP Education Program Training <input type="checkbox"/> IP Training Support <input type="checkbox"/> Assessment <input type="checkbox"/> Study Groups <input type="checkbox"/>
Assessment type (if required) Type and date range eg CGT StAMPS 18-19 Oct 25	
Fee Amount	
Payment Plan Requested	Yes <input type="checkbox"/>
Proposed Payment Plan (include dates and amounts)	
Other Payment Plans in place	
Late Payment Requested	Yes <input type="checkbox"/>
Proposed payment date	

## Additional Details

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Applicant Signature	
Application Date	

## FOR OFFICE USE ONLY

Recommended (insert recommendation and any relevant details)	
Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>