

## 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

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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 .....

<b>Australian EFT payments to:</b>		<b>New Zealand EFT payments to:</b>	
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.