

SHB30321

Certificate III in Nail Technology

Thank you for inquiring at LarShar College.

The following information is an overview of SHB30321 Certificate III in Nail Technology including the pricing structure. Once you have read all the information and are ready to take the next step into your new career, fill out the required forms and either email to larshar@bigpond.com or bring them into the college in person.

Quick Over view

- College days Monday to Friday 9.00am to 3.00pm
 - Full time 3 days per week
 - Part time 1 or 2 days per week
- Classes capped at 12 students per day
- Payment option
 - Payment plan
 - Pay as you go
- Duration depending on how many days you attend.
- Uniform required if undertaking full program
- \$100.00 administration fee on application

Enrollment check list:

- Enrolment Form
- Acknowledgment Form from Induction Manual
- Payment Plan Agreement #
- Indemnity Form
- Personal Release Form



Please note that the Payment Pan Agreement does not have to be completed if you are paying per unit or term.

SHB30321

Certificate III in Nail Technology

PROGRAM INFORMATION

Certificate III in Nail Technology has been designed to reflect role of individuals who are competent in interacting with customers, providing manicure and pedicure services, applying acrylic or gel nail enhancement, using an electrical file and applying nail art.

Work would be undertaken in the nail technology stream of the beauty industry. Nail technicians may also be self-employed and responsible for managing their own nail station.

This qualification is suitable for an Australian Apprenticeship / Traineeship pathway

QUALIFICATION REQUIREMENTS

To achieve Certificate II in Nail Technology a total of 15 units must be completed

10 Core units (refer to the unit list at the end of this section)

5 units (refer to the unit list at the end of this section)

DURATION & DELIVERY

This course is delivered as a competency based flexible learning program, the study time is self-paced with the theory elements are delivered off the job, the practical element are delivered in a simulated work environment. It combines face to face teaching with individual or small group training. Flexible delivery is utilised with resources being sent to the student and completed within a specific time frame.

RECOGNISED QULAIFICATIONS

Certificate III in Nail Technology (SHB30321) is a nationally recognised qualification. The program is structured in line with the National Beauty Training Package (SHB15)

CAREER PATHWAYS

Successful completion of this program leads to exciting possibilities in the nail industry. Graduates can become self employed

SPECIAL INTEREST MODULES

Note all units can be completed as an individual subjects. However, some units may have prerequisites, for more information please contact the college

Fees

The fees are a structured so that all competencies include educational resources. Attached is the cost of the physical resource required for the practical aspects of the program. RPL or credit transfers can alter the total cost of the course. So please contact the College for further information.

Name of Program:

CERTIFICATE III IN NAIL TECHNOLOGY

Program Code:

SHB 30321

CORE UNITS	COMPETENCIES	HRS	\$
SHBBCCS005	Advise on beauty products and services	42	281.10
SHBBNLS007	Provide manicure and pedicure services*	63	512.55
SHBBNLS009	Apply gel nail enhancements*	98	711.15
SHBBNLS010	Apply nail art	42	311.10
SHBBNLS011	Use electric file equipment for nail services*	42	311.10
SHBBRES003	Research and apply beauty industry information	28	195.40
SHBXCCS007	Conduct salon financial transactions	28	252.55
SHBXCCS008	Provide salon services to clients	42	281.10
SHBXIND003	Comply with organisational requirements within a personal services environment	42	281.10
SHBXWHS003	Apply safe hygiene, health and work practices	42	281.10
Elective Units			
SHBBNLS012	Apply advanced nail art *	42	311.10
SIRXSLS001	Sell to retail customer	28	195.40
SHBBINF002	Maintain infection control standards	70	368.25
SIRRINV001	Receive and handle stock	28	252.55
SHBBNLS008	Apply gel and powder dip nail enhancements	98	711.15
	Enrolment set up fee#		100.00
	TOTAL	735	\$5356.70

School holidays are not included in the yearly total. This is an estimate

Full time	35 weeks / 9 mths
Part time 2 day	52 weeks / 1y
Part time 1 day	105 weeks / 2 years

RPL or credit transfers can alter the total cost of the course. So please contact the College for further information

*Denotes units of competencies that require kits. The price of practical kits may change due to the market, students will be notified

#This is a once off set up cost that is non- refundable



PAYMENT OPTIONS

- Pay for unit when enrolling
- Payment plan is \$50 per nominated day eg 2 days \$100, 3 days \$150
- Payment plan will only be conducted through EZidebit (form at the back of over view)

If you do not attend, you are still liable for your payment until enrolled unit has been paid for.

Required Equipment/Additional Costs

SHBBNLS007	Provide manicure and pedicure services	143.45
SHBBNLS008	Apply gel nail enhancements	496.90
SHBBNLS009	Apply acrylic nail enhancements	387.30
SHBBNLS011	Use electric file equipment for nail services	206.65
SHBBNLS012	Apply advanced nail art	193.30
PRACITICE HAND		95.00

These kits are required when enrolled in the corresponding units.
All kits are sourced from professional companies.

PLEASE KIT PRICES MAY CHANGE TO AVAILABILITY OF STOCK

General stationery

- Pens
- Pencil
- Scissors
- Stapler

Uniform

- Shirt (pink from Everything Uniform)
- Long black pants (no jeans, work out pants or shorts)
- Closed in shoes

APPLICATION ENROLMENT

PLEASE NOTE: ALL SECTIONS ARE MANDATORY and must be completed. If not completed correctly, forms will be returned for amendment
All learners commencing study are required to complete a pre-enrolment literacy and numeracy assessment.
When your enrolment form is received you will be emailed the literacy and numeracy assessment.
Your enrolment will not commence until the literacy and numeracy assessment has been completed.

PROGRAM DETAILS

Please select the program you would like to study

SHB20216	Certificate II in Salon Assistant	<input type="checkbox"/>
SHB30416	Certificate III in Hairdressing	<input type="checkbox"/>
SHB30516	Certificate III in Barbering	<input type="checkbox"/>
SHB20121	Certificate II in Retail Cosmetics	<input type="checkbox"/>
SHB30121	Certificate III in Beauty Services	<input type="checkbox"/>
SHB30221	Certificate III in Make-Up	<input type="checkbox"/>
SHB30321	Certificate III in Nail Technology	<input checked="" type="checkbox"/>
SHB40121	Certificate IV in Beauty Therapy	<input type="checkbox"/>

Have you previously been enrolled in a VETis program? Yes No

Have you previously completed a Certificate III or Higher? Yes No

LEARNERS PERSONAL DETAILS

Title Mr Mrs Ms Miss Other _____

1. Enter your full name *

Family name (surname) _____

Given names _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your birth date

Day/month/year | | |

3. Gender (Tick ONE box only)

Male

Female

Other

4. Enter your contact details

Home phone _____

Mobile _____

Work phone _____

Email address _____

Alternative email address _____

Office use only:

ATTACH STUDENT NUMBER

FUNDING TYPE	FULL	CON	NON CON
OPEN			
HIGH SCHOOL			
VETIS			
CERTIFICATE 3 GUARANTEE			
APPRENTICE /TRAINEE			
YEAR 12 FEE FREE			

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5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

6. What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

PARENT/GUARDIAN DETAILS

Title Mr Mrs Ms Miss Other _____

7. Enter your full name *

Family name (surname)

Given names

8. Enter your contact details

Home phone

Mobile

Work phone

Email address

Alternative email address

I understand that my child/dependant must complete the literacy and numeracy assessment before they can start the program

I agree that my child/dependant's will be undertaking the VETis program or school base program

I declare I have read the program information

I declare to pay any fees for this qualification if the program is not subsidised

I have provided a copy of my child/dependant's birth certificate

Parent/guardian's
Signature

Date

D	D	/	M	M	/	Y	Y
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LANGUAGE AND CULTURAL DIVERSITY

9. In which country were you born?

Australia Yes No

If not Australia please specify _____

If not Australia , which year did you arrive

10. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only

Yes, other – please specify

11. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

12. Citizenship status during the term (tick one box)

Australian citizen (including Australian citizen with dual citizenship)

New Zealand citizen

Permanent resident of Australia

Holder of a Permanent Humanitarian Visa

EMERGENCY CONTACT

Next of Kin _____

Home Phone _____

Mobile Phone _____

DISABILITY

13. Do you consider yourself to have a disability, impairment or long-term condition?

Yes

No **No – Go to question 15**

14. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Medical condition	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
Other	<input type="checkbox"/>		

SCHOOLING

15. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/>	
Year 11 or equivalent	<input type="checkbox"/>	
Year 10 or equivalent	<input type="checkbox"/>	
Year 9 or equivalent	<input type="checkbox"/>	
Year 8 or below	<input type="checkbox"/>	
Never attended school	<input type="checkbox"/>	Never completed any primary or secondary level education

16. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/>	If yes LUI Number	_____
No	<input type="checkbox"/>	If no what year did you finish	_____

17. Do you have a Unique Student Identifier (USI)

Yes	<input type="checkbox"/>	If yes USI Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
No	<input type="checkbox"/>	If no you will need to create one at www.usi.gov.au	

Important: Please note your enrolment cannot be processed without your USI

SCHOOL DETAILS

Current High School: _____

Address: _____

Post Code _____

Name of VET coordinator: _____

Email _____

Phone _____

High School Contact Declaration: I declare that I have read the VETis program or high school program information. On behalf of the school, I certify that the student is a year 10,11, or 12 student and is capable of, and committed to undertake this VETis program or high school program information.

VET coordinator's
Signature

Date

PREVIOUS QUALIFICATIONS ACHIEVED

18. Have you SUCCESSFULLY completed any qualifications?

Yes	<input type="checkbox"/>	If yes go to question 19	_____
No	<input type="checkbox"/>		_____

19. Tick ANY applicable boxes for your completed certificates.

Bachelor degree or higher degree	<input type="checkbox"/>	Certificate III (or trade certificate)	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

EMPLOYMENT

20. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee	<input type="checkbox"/>	Self employed – employing others	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

STUDY REASON

21. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

EVIDENCE REQUIRED

To be able to process your enrolment we will need the following evidence

Birth certificate	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If applicable the following:			
Certificates	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Statement of Attainment	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results of Assessment	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your program is funded you will have to provide the following to obtain funding

Senior Certificate (Year 12 fee free)	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health Care Card	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth certificate	Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PRIVACY STATEMENT & STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO LarShar College of Beauté & Hair is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.

[STUDENT SIGNATURE] [DATE]
 [PARENT/GUARDIAN SIGNATURE*] [DATE]

*Parental/guardian consent is required for all students under the age of 18.

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Please note that prices are valid as of June 2022
LârShar College of Beauté & Hair reserve the right to change prices

LEARNER DECLARATION

- I understand that I will have completed the literacy and numeracy assessment.
- I agree to follow LarShar College of Beaute & Hair's policy and procedures
- I understand that misconduct will be reported and could result in cancelation of enrolment
- I understand that any absenteeism will be noted and reported to the appropriate contacts
- I understand that incorrect or incomplete information my result in cancellation of enrolment
- I understand that I will have to pay any fees that may arise due to undertaking this program.
- I understand that I am responsible to provide all necessary evidence of my qualifications, studies and hereby authorise LarShar College of Beaute & Hair to obtain further information to validate my enrolment
- I understand LarShar College of Beaute & Hair reserves the right to collect and disclose information of my enrolment and results to the Department of Small Business, Education and Training or other government bodies

Student Signature

Date

D	D	/	M	M	/	Y	Y
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PAYMENT OPTIONS

Administration fee if applicable \$100.00

- CASH EFTPOS /CREDIT CARD Bpay Direct Debit

CARDHOLDER'S NAME

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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CVN

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Holder's Signature

\$

SELECT DAY/S WISHING TO ATTEND

- Mon Tues Wed Thurs Fri

Part time 1 Or 2 days

Full time 3 days

We will contact you with availability of your selected day/s

Please note;

Before submitting your enrolment forms all parties involved understand the policies and procedures out lined in LarShar College of Beaute & Hair's Induction manual. All evidence is produced at time of enrolment

Disclaimer / Indemnity Form for Live Work Activities

In this document, **Live Work Activity** means a good supplied or a service performed, in this case –

(Insert description e.g. beauty service, nail technology, make-up, hairdressing).

I,

(Name of participant)

of

(Address of participant)

request to participate in a Live Work Activity provided by a learner / trainee of LârShar College of Beauté & Hair.

- (a) I understand the Live Work Activity is being performed / supplied by the learner / trainee only and the quality of the Live Work Activity may not necessarily meet the standards of a professional qualified in the relevant industry.
- (b) I agree that the Live Work Activity performed / supplied shall be entirely at my own risk and I shall not make any claim against the State of Queensland, LârShar College or it's learners for any personal injury or property loss or damage to any person arising out of the performance or the Live Work Activity or the use of the product resulting from the Live Work Activity.
- (c) I agree that the State of Queensland, LârShar College and it's learners / trainees shall not be liable for any loss or damage (including consequential loss or damage and loss of profits) however caused (including negligence) arising out of the performance of the Live Work Activity or the use of the product resulting from the Live Work Activity; and
- (d) I agree to indemnify the State of Queensland, LârShar College and it's learners against any claims or proceedings that may be made or brought against them as a result of the performance of the Live Work Activity or the use of the product resulting from the Live Work Activity whether or not the claim or proceeding is due to the negligence of the State of Queensland, LârShar College or it's learners.

I fully understand that I -

- Am only allowed to participate in the Live Work Activity if I agree to do so at my own risk;
- Must not cause damage to the person or property of LârShar College or of others;
- Must follow the directions and advice affecting my safety given to me by LârShar College; and
- Consent to any medical treatment that LârShar College considers necessary for my personal health and safety.

Signature of Participant

Date

Personal Release Form

I _____
(Full name)

of _____
(Address) _____
postcode

Phone number (h) _____ (w) _____ (mb) _____

Authorise and grant to LârShar College of Beauté & Hair – which includes their successor's and assigns the right to:

Record me and any designs, images or works produced by me in any form whatsoever by way of photograph, film audiotape and/or video tape for audio reproduction or a combination of either at "LârShar College of Beauté & Hair.

- Edit "LârShar College of Beauté & Hair" into a Film,
- Television programme
- Television advert or promotion, and/or
- Radio advertisement or promotion.
- Website advertising
- Photographic/Print advertising

Use my name and likeness, voice, biographic or other information concerning me.

Use and display any images, photographs or recordings containing my work or works attributable to me in the course of my studies with LârShar College of Beauté & Hair on the LârShar College of Beauté & Hair website.

Screen and broadcast "LârShar College of Beauté & Hair"

Use and license others to use "LârShar College of Beauté & Hair" in all media throughout the world for the full period of copyright, including for the purposes of publicity, advertising, sales and promotion of LârShar College of Beauté & Hair.

I hereby release LârShar College of Beauté & Hair from any infringement or violation of personal and/or property rights of any sort whatsoever based upon the use of the LârShar College of Beauté & Hair

I acknowledge that LârShar College of Beauté & Hair owns and shall own all rights, title and interest (including copyright) in the LârShar College of Beauté & Hair.

Agreed and accepted by the Releaser

Signature _____ Date _____

Parent or Guardian (if under 18) _____

DATE: _____

Please note that prices are valid as of June 2022
LârShar College of Beauté & Hair reserve the right to change prices

Induction Manual Acknowledgement

It is a requirement that you have accessed and read the induction manual.
Accessing and reading the induction manual indicates that you have read, understood, and value LarShar College of Beaute & Hair's Code of Practice and associated policies which it encompasses.

I hereby acknowledge receiving the LarShar College of Beaute & Hair 's Induction manual.

I have read the Induction manual and am familiar with its contents and agree to abide by all conditions outlined therein

Student Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if student is under 18)

Parent/Guardian Name: _____

Signature: _____

Date: _____

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ACN 096 902 813 | AFSL 315386

DIRECT DEBIT REQUEST

Ph: 0749722906
ABN/ACN: 80 698 363 684

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: Larisa Anne Dobbrick & Sharron Louise Ward ABN/ACN: 80 698 363 684 100-196-881

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * State: * Postcode:

Regular Debits Starting on Date: / / Debit this amount: \$.

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of Debits)

Administration Fee (once only) up to: \$5.50

Bank Account Transaction Fee: \$1.35

Credit Card Transaction Fee:

VISA/Mastercard: 2.50% +\$1.35
AMEX/Diners: 4.80% +\$1.35

CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: Expiry Date: /

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/we authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.6) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.6) and I/we have read and understand same. I/we acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com.au/privacy-policy/>

Signature(s) of Nominated Account: Date: / /

DDR Service Agreement (Ver 1.6)

Please note that prices are valid as of June 2022
LârShar College of Beauté & Hair reserve the right to change prices

DDR Service Agreement (Ver 1.6)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business")/I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

1. there is a public or bank holiday on the day of the debit, or any day after the debit date;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
3. a payment request is received after normal Ezidebit cut off times, being 3:00pm Queensland time, Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments/I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit. We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request. I/We appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection, or as otherwise required or permitted by law. Further information relating to Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com.au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

Ezidebit to verify and/or correct, if necessary, details of my/our account with my/our financial institution; and my/our financial institution to release information allowing Ezidebit to verify my/our account details.

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