



**Learn, Achieve, Succeed**

**AYR CBD**

9:00 AM - 6:00 PM

Prep - Year 12

## **ENROLMENT FORM**

**146 Young Street, Ayr QLD 4807**

**Ph: 0437 785 780**

**[deanstutoringayr@gmail.com](mailto:deanstutoringayr@gmail.com)**

**[www.deanstutoring.com](http://www.deanstutoring.com)**

STARTING DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Tuition Subject/s: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Tuition Subject/s: \_\_\_\_\_



Is there anyone who is prohibited from having contact with or collecting the child?

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian 1

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Parent/Guardian 2

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Occupation: \_\_\_\_\_

## MEDICAL DETAILS

Is your child on regular medication?  YES  NO

If yes, give details: \_\_\_\_\_

Is your child asthmatic?  YES  NO

Is your child allergic to anything?  YES  NO

If yes, give details: \_\_\_\_\_

Is there any other information you wish us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL NEEDS

Does your child have any additional needs/ongoing disability?  YES  NO

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Physical Condition    | <input type="checkbox"/> A.D.D/ A.D.H.D  | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Behavioural Condition | <input type="checkbox"/> Speech/ Hearing |                                   |
| <input type="checkbox"/> Emotional Condition   | <input type="checkbox"/> Autism          |                                   |

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

At Dean's Tutoring Place, Panadol is the only medication available for general use. If you want your child to be given this, you must provide written permission in advance, and it will be kept on file at the centre.

If your child is unwell while at Dean's Tutoring Place and you want an authorised tutor to administer Panadol to them, please sign in the space below.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMERGENCY CONTACT (Other Than Parent)1

Given Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT (Other Than Parent)2

Given Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a current Custody or Parent Agreement/Access Order/Apprehended Violence Order in relation to this child? **(copy attached)**

Yes

No

### PHOTOGRAPHS AND/OR VIDEOS

I (name) \_\_\_\_\_ authorise the centre staff to take photographs and/or videos.

To use for promotional purposes outside the centre (e.g. website, flyers etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## FEE POLICY

Please read our fee collection policy and sign at the bottom to confirm your acceptance.

### For Smooth Tutoring Payments:

- Pay two weeks' tuition fees in advance at first lesson
- Use Ezidebit for fast and secure payments, which allows payments through bank accounts or credit cards
- Ensure enough funds to avoid dishonour fees
- Choose cash pay at the start of each lesson
- Late fees will incur a reminder letter
- More than four weeks in arrears can lead to debt collection and cancellation of tutoring
- You are responsible for associated costs

### Methods of Payment:

- Fees can only be paid by Ezidebit or Cash.

### Tuition Cancellation:

- Parents must submit a cancellation form with two weeks' notice, or total fees will be charged.
- Feedback from parents is encouraged to improve the Centre's services.
- After three behaviour warnings, Dean's Tutoring Place may cancel a child's enrolment.

### Public Holidays:

- Dean's Tutoring Place will remain open on public holidays.
- Students are expected to attend their tutoring sessions as usual.
- If you have any questions regarding this policy, please email [deanstutoringayr@gmail.com](mailto:deanstutoringayr@gmail.com).

### Payment Plans:

- Please let us know if you need help paying your fees.
- We can arrange a payment plan to assist you.

### Fee Policy:

I, \_\_\_\_\_(print name), have read and understood the fee policy and agree to comply with Dean's Tutoring Place terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT'S STATEMENT

- All information recorded on this form is true and correct.
- I will, if required, produce evidence supporting this information.
- I'll make sure to let the Centre know of any changes to the information on this form.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent/Guardian)

I \_\_\_\_\_(print name) understand that any default in payment of more than 14 days may result in any or all of the following actions against me:

- Legal proceedings will be taken, and solicitor costs may be added to the outstanding amount.
- Interest will be added under the CPA Act 2005 (QLD) at a rate of 10%.
- If Legal action needs to be taken this may lead to my name being listed with credit agencies as in default for up to 5 years, and a default judgment could be made against me.
- Enforcement proceedings may be taken against me, which may include bankruptcy proceedings.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



ACN 096 902 813 | Authorised Representative under AFSL 315388

# DIRECT DEBIT REQUEST

PH: 0437 785 780  
ABN/ACN: 25 932 913 852

# NEW CUSTOMER FORM

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

Business: DEAN A O'SHEA ABN/ACN: 25 932 913 852 **100-979-301**

Customer Reference:

\* Surname:  \* Given Name:

\* Mobile #:

\* Email:

\* Address:

\* Suburb:  \* State:  \* Postcode:

## DEBIT ARRANGEMENT | Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date:  /  /  Debit this amount: \$

D D M M Y Y

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

D D M M Y Y

Frequency:  Weekly  Fortnightly  Monthly  4 Weekly

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

<b>Administration Fee (once only) up to:</b> Paid By Business	<b>Bank Account Transaction Fee:</b> \$0.99	<b>Credit Card Transaction Fee:</b> VISA/Mastercard: 1.99% AMEX/Diners: 2.70%	<b>Failed Payment Fee:</b> \$9.90
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## CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA  MasterCard  AMEX

Card Number:  Expiry Date:  /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Ezidebit Pty Ltd ACN 096 902 813, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

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 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.13). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at [www.ezidebit.com/au/privacy-policy/](http://www.ezidebit.com/au/privacy-policy/)

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

D D M M Y Y



## DDR SERVICE AGREEMENT (Ver 1.13)

### DDR Service Agreement (Ver 1.13)

**Please retain a copy for your records.** This Direct Debit Request Service Agreement (**Agreement**) forms part of the terms and conditions of your Direct Debit Request (**DDR**).

### Debiting Your Account

1. By agreeing to the DDR you authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 342190, 342191, 428198) (referred to as **Ezidebit**) to make debits to your nominated account.
2. The debit will be processed on the next business day after the direct debit date if:
  - (a) a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
  - (b) there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.
3. You authorise Ezidebit to attempt to re-debit any unsuccessful payments. You will also be responsible for any fees and charges applied by your 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.
4. Ezidebit may charge you certain fees (including setup, variation, SMS or processing fees) where applicable under your debit arrangement.

### Your Responsibilities

5. It is your responsibility to:
  - (a) Ensure that your nominated account can accept direct debits;
  - (b) Ensure that the details on the DDR are correct, and the bank account has been verified against a recent bank statement;
  - (c) Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the DDR;
  - (d) Ensure that there are sufficient cleared funds in the nominated account, as a failed payment fee may be charged by Ezidebit if a debit is returned by your financial institution as unpaid;
  - (e) Advise immediately if the nominated account is transferred or closed or your account details change;
  - (f) Arrange a suitable payment method if Ezidebit or the Business cancels the drawing arrangements.

### Cancelling or Changing Direct Debits

6. Subject to the terms and conditions of your agreement with the Business, you may cancel, alter or defer the debit arrangement by contacting the Business a reasonable time before the date that the drawing is to be made. If the stop or cancellation is a result of the Debit User's variation to the terms, no penalty should be imposed.
7. You authorised Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within your agreement with the Business. In all other cases, changes to the amounts or dates of a series of direct debits require 30 days' prior notice.
8. If you believe that there has been an error in debiting your account, you should notify the Business as soon as possible. The Business will notify you of its determination and the amount of any adjustment that will be made to your nominated account (if any). Upon receiving instructions from the Business, Ezidebit will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
9. You agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non-supply of goods and/or services by the Business and that all disputes will be directed to the Business (as Ezidebit is acting only as an agent for the Business).

### Confidentiality

10. We will keep your account details and direct debit records confidential in accordance with Ezidebit's [Privacy Policy](#), except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of an alleged incorrect or wrongful debit, in relation to a claim, or otherwise as required by law.

### Contact

If you wish to contact Ezidebit about anything relating to this Agreement, you should contact:

Ezidebit  
PO Box 3327, Newstead, QLD 4006  
Ph: 1300 763 256 Email: [support@ezidebit.com.au](mailto:support@ezidebit.com.au)  
<https://www.ezidebit.com/en-au/contact>