

I/We agree to pay Charles Darwin University the fees associated with the following student:

(Please use the form for multiple students if you are sponsoring more than one student)

***Note that for forms submitted without the student signing the disclosure statement, that CDU will not release course related information to the third party sponsor.**

STUDENT AND COURSE DETAILS			
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:
Student No.	Student Name	Course Code	Course Name
I authorise disclosure of all information relating to my course and my participation to my third party sponsor.			Student Signature:

SPONSORSHIP OPTION

OPTION A - Third Party Sponsorship – DURATION OF COURSE

Note to Sponsor: by selecting Option A, the organisation authorises Charles Darwin University to invoice and charge all applicable tuition and associated fees to the organisation for All YEARS of the course, as they become due.

☐ Third Party Sponsorship to cover the DURATION of the apprenticeship commencing from
Place [X] in the box

OR (only select option A or B)

OPTION B - Third Party Sponsorship - 2026 ONLY

Note to Sponsor: by selecting Option B, a new Third Party Sponsorship form must be completed for each year. Complete the table below by placing [X] in the appropriate box/es.

All of 2026	Teaching Period 1 (TP1 or VFH-1) (01/01/2026 - 31/03/2026)	Teaching Period 2 (TP2 or VFH-2) (01/04/2026 - 30/06/2026)	Teaching Period 3 (TP3 or VFH-3) (01/07/2026 - 30/09/2026)	Teaching Period 4 (TP4 or VFH-4) (01/10/2026 - 31/12/2026)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPONSOR DETAILS

Employer/Company full name	<input type="text"/>		
Postal Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Company order number (if applicable)	<input type="text"/>		

SPONSOR ACKNOWLEDGEMENT & AUTHORISATION

- By completing and submitting this form, I/we agree to take full responsibility for all tuition fees for the nominated student's course, for the year or teaching period(s) indicated, or until the course is completed.
- I/we understand that this sponsorship will remain in effect unless formally cancelled. Cancellations must be provided in writing to CDU and submitted to the contact specified below.
- I/we understand that invoices will be issued directly to the sponsor and agree to ensure that all sponsor contact and billing details are correct and up-to-date.
- I/we also acknowledge that if the apprentice/student has a pre-existing debt with CDU, that grades will not be available until the pre-existing debt is paid in full.

Authorising officer name	<input type="text"/>	Position	<input type="text"/>
Authorising officer signature	<input type="text"/>	Date	<input type="text"/>

For further information on how third-party debt is managed, please refer to the [Student Debtors Procedure](#).

For general enquiries or to submit the completed form please contact:
CDU TAFE Student Services P: (08) 8946 7111 | E: TAFE@cdu.edu.au

OFFICE USE ONLY

Date Received:	Date Processed:
Team Code:	Processed by: