Financial Hardship Appeal

Given Name			
Surname		Date	
Address			

I ..... of .....
request *Fire Industry Training* to place myself on a payment plan for the cost of my fees and charges as I am currently experiencing financial hardship due to:

- ☐ Loss of Income
- ☐ Change in financial circumstances
- ☐ Unforeseen expenses
- ☐ Illness

Comments	
Signature	

Training Manager

Learner identification verified?	☐ Yes	☐ No
Financial Hardship determined?	☐ Yes	☐ No
Leaner consulted on payment plan?	☐ Yes	☐ No
Payment plan issued?	☐ Yes	☐ No

Place a copy of this result on the student management system and ERP.
This record must be placed in the student file.

Signature		Date	