**Course enrolment form**

**AUSTRALIAN CELEBRATIONS TRAINING PTY LTD**

**Please return Enrolment Form by either:**

**Fax:** (07) 3207 0270  
**Post:** Australian Celebrations Training, PO Box 5332, Victoria Point  Qld  4165

If you need assistance please contact us on **Freecall: 1800 209 511** or (07) 3207 9515

*Please ensure that ALL pages are returned completed & signed*

**General Enrolment Information:**

1. Enrolment is open to all.
2. Please indicate the course/courses you wish to enrol in, in the box below.
3. **Classroom students** please indicate below the course location and date you wish to attend, confirmation of enrolment will be forwarded to you within 5 working days of receipt of the completed enrolment form and course fee.
4. **Distance Education students** your student manual will be forwarded to you within 5-7 working days of receipt of the completed enrolment form and course fee.
5. Please note if paying by personal cheque material will not be sent out until the funds have cleared.
6. For cancellation of course or enrolment please refer to the refund policy outlined in the “Student Information”
7. A Statement of Attainment will be posted to you within 10 working days of successful completion of a course

| Course Name:_______________________  Course Code:_________________ |
|-------------------------------------|------------------------|
| Distance Education □ OR Class Date & Location: _____________________ |

| Course Name:_______________________  Course Code:_________________ |
|-------------------------------------|------------------------|
| Distance Education □ OR Class Date & Location: _____________________ |

| Course Name:_______________________  Course Code:_________________ |
|-------------------------------------|------------------------|
| Distance Education □ OR Class Date & Location: _____________________ |

**Full Name:_________________________________________________________________**
(exactly how it appears on legal documents)

Title: _______ Preferred Name: __________________________________________

Address : __________________________________________________________________

Suburb: _____________________________  State: _____ Postcode: ______

Postal Address: __________________________ State: _____ Postcode: ______
(If different from above)
Home Phone: ______________________________ Mobile: ______________________________

Work Phone: _______________________ Home/work Fax: ______________________________

Date of Birth: ________ / ________ / ________

Occupation: ____________________________________________________________________

Email Address: _________________________________________________________________

Emergency contact person: ____________________________________________________________________

Emergency contact phone numbers: ____________________________________________________________________

Do you think that you may need assistance with your learning, language, literacy and numeracy skills to successfully complete the courses?  □ No □ Yes

Do you have any special dietary needs (classroom students only)?
□ No □ Yes
If yes, please state: ____________________________________________________________________

Do you have any Disabilities or Health Issues that you may require assistance with?
□ No □ Yes
If yes, please state: ____________________________________________________________________

How did you hear about our course?
______________________________________________________________________________

Approval is granted to use personal testimonials and/or images for promotional purposes.
□ No □ Yes
Payment:
☐ Cheque ☐ Money Order ☐ Bankcard ☐ MasterCard ☐ Visa

Amount: _____________

Card Number: _____ / ______ / ______ / ______ Expiry Date: _____ / _____

Cardholders Name: _______________________________________________________

Cardholders Signature: ____________________________________________________

Student Declaration

I have read the General Enrolment and ‘Student Information’, including grievance and appeals procedures, and refund policy, and agree to abide by all elements of the ‘Student Information’. I also agree to participate fully in the training and authorise Australian Celebrations Training Pty Ltd to use my completed assessment work for the purposes of moderation and internal and external audit. I also give my permission for Australian Celebrations Training to provide details and progress of my course with the State Training Authority and related stakeholders for internal and external audit purposes.

All training content (for example – training materials, student manuals, assessment tools, verbal and visual presentations) are copyrighted by Australian Celebrations Training Pty Ltd. No part can be reproduced without the express written permission of the Company Director.

Print Name: __________________________________________________________________

Signature: __________________________ Date: _____ / _____ / _____

Thank you for training with Australian Celebrations Training
We wish you all the best in your training and future aspirations.

Elisabeth O’Brien (Director) Australian Celebrations Training Pty Ltd
Australian Celebrations Training is a Registered Training Provider (RTO)
National Org No: 31179.