

# Course enrolment form

Method: \_\_\_\_\_  
Tax Inv # \_\_\_\_\_  
Date: \_\_\_\_\_  
Kit Sent: \_\_\_\_\_  
Class date: \_\_\_\_\_  
Graduated: \_\_\_\_\_



## 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 (07) 3207 9515

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

### General Enrolment Information:

1. Enrolment is open to all.
2. **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.
3. Please note if paying by personal cheque material will not be sent out until the funds have cleared.
4. For cancellation of course or enrolment please refer to the refund policy outlined in the "Student Information"
5. This Funeral Celebrancy course must be completed within 9 months of enrolment date.
6. A Statement of Attainment will be posted to you upon successful completion of a course.
7. The following three units of competency are included in this course

**SIFFNL009A Plan and conduct a funeral ceremony**

**SIFIND001A Work effectively in the funeral services industry**

**CHCCS426A Provide support and care relating to loss and grief**

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:     \$450.00 – Distance Education     \$595.00 – Classroom

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.

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.

