

Workshop Enrolment Form

1.0 Participant Details

Participant Number

First Name:

Middle Name/s:

Last Name :

Preferred Name:

Date of Birth:

____/____/____

Gender:

Male ☐

Female ☐

2.0 Contact Details

Address:

City/Suburb:

State:

Postcode:

Mobile/Phone Number:

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Email Address:

6.0 Disclosure

The information provided on this document will be used to conduct surveys of past and existing participants for customer satisfaction, improvement and marketing purposes. If you have any objections to be contacted, please indicate here: ☐

7.0 Disabilities

Do you consider having a disability, impairment or long term condition?

Yes: ☐

No: ☐

If yes, please indicate the areas of disability, impairment or long-term condition:

Hearing/Deafness: ☐

Physical: ☐

Acquired Brain Impairment: ☐

Physical: ☐

Intellectual: ☐

Vision: ☐

Intellectual: ☐

Learning: ☐

Medical Condition: ☐

8.0 Emergency Contact

First Name:

Last Name:

Relationship:

Contact Number:

Home/Work:

Mobile:

Email:

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9.0 Privacy Statement

We are collecting your personal information to manage your enrolment, training progress and administration. Your information will be stored securely. If you wish to access or correct any of your information, discuss how it has been managing, or have a concern or complaint about the way your personal information has been collected, used, stored, or disclosed please discuss with your teacher. For those students who wish to view or require assistance in reading and understanding this Privacy Statement please contact your teacher or our customer service team.

10.0 Student Declaration

I agree to abide by the student rules, regulations and policies and acknowledge that facilities made available for my use will be used only in accordance with principles of proper use and relevant rules. I confirm the accuracy of the information contained within this form and where necessary identification documents provided.

Participants Signature		Date: ____/____/____
10.0 Course Details		
Course Name:		
Preferred Date:		
Attendance by:	Online <input type="checkbox"/>	Face to Face <input type="checkbox"/>

Payment Details

Individuals: The following options are available:

Credit Card Details		
Name on Card:		
Card Number:		
Expiry Date	____/____	CRN: ____

Employer/Group Payments:

An invoice will be issued once the registration from is processed and will be provided via email you or to the Authorising Employer Representative. The invoice will contain instructions on how to make the payment. Please note you booking will not be confirmed until the funds have been processed through. A receipt will be generated and returned to you via email.

Authorising Employer Representative to complete

Organisation Name:	Billing Address 1 :
Representative Name:	Location:
Phone:	Postcode
Email:	ABN:
Signature:	