TRAINING REGISTRATION FORM

Course Name:		
Course Date(s):		
Name:		
Home Address:		
	Suburb:	**Postcode:**
Home Telephone:		**Mobile:**
Email:		**Fax:**

Are you interested in applying for Recognition of Prior Learning: ❑ YES ❑ NO

PAYMENT OF TRAINING FEE

❑ I enclose a payment of **$**_____ CASH / CHEQUE / MONEY ORDER (please circle)

❑ I would like to pay by: ❑ Visa ❑ Master Card ❑ Bank Card

Card No. | | | | | | | | | | | | | | | | |

Expiry Date | | | / | | |

OR

❑ Send a tax invoice to my employer/support agency / case manager:

Company/organisation _____

Postal address _____

Phone number _____

Contact name _____ Signature: _____

HOW TO REGISTER

Fax your completed registration form to: 02 6253 0685 or post to: Level 3 Belconnen Churches Centre, Belconnen Way, BELCONNEN ACT 2617. For more information contact Capital Careers on 6253 0682 or email to info@capitalcareers.com.au. Your enrolment in this course will be confirmed after we have received the applicable course fee. Before enrolling, please read our Student Information Guide. This can be downloaded from our website using the following link: http://www.capitalcareers.com.au/media/cap/downloads/Student_Information_Guide_Mar_2011.pdf. A hardcopy is also available on request.

REFUND & CANCELLATION POLICY

Please notify us at least seven working days before course commencement if you are withdrawing from the course for a total refund of fees. A cancellation and administration fee of 50% will be charged for less than seven days notice of withdrawal. No refund will be given if participant's fail to appear on the first day of the course or subsequent days thereafter. Where there are extenuating circumstances, refunds may be approved for late withdrawals on consideration of a written request. Capital Careers reserves the right to withdraw or postpone a course if insufficient number enrol. In this circumstance, course fees will be refunded in full.

By signing this form, you are confirming that you have read our Student Information Guide, including the refund and cancellation policy.

Signature: _____ **Date:** _____

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