

Australian College of Professionals

Enrolment Form

Title: _____ Name: _____
First Name Surname

Preferred Name: _____ Gender: M / F DOB: ___/___/___

Postal Address: _____ Postcode: _____

Employment details: _____

Address: _____ Postcode: _____

Invoice/Receipt to be issued in the Name of: _____

Telephone: (Home) _____ (Work) _____

(Mobile) _____ (Fax) _____

Email: _____

Course(s): _____

Venue: _____

Date(s): _____

How did you hear about us? _____

Special Needs: (please note any special needs in relation to access, food or beverage requirements)

Do you believe that you are eligible for Recognition of Prior Learning (RPL) for this course? Yes / No
(Not available for CPD)

Please note:

- There are no refunds for cancellations less than 24 hours prior to the commencement of the training.
- A \$50 processing and administration fee is applicable for cancellations with less than seven (7) days notice.
- A full refund is applicable for cancellations with more than seven (7) days notice.



Payment Options:

All course fees must be paid prior to the commencement of the training in order to secure a place in the program.

Course Fee: \$ _____

Payment by: Credit Card Cheque Direct Deposit

Credit Card Payment Details:

Type of Card: Bankcard MasterCard Visacard

Card Number: _____

Expiry Date: _____ / _____

Name on Card: _____

Signature: _____

Office use only
Certificate/Licence Category Updated
Certificate/Licence Expiry Date Updated
Signed: _____ Date: _____

Leverage Australia Pty Limited Trading As Australian College of Professionals A.B.N. 75 103 153 500

Office: Suite 1, Level 1, 299 Old Northern Road, Castle Hill NSW 2154

Postal: PO Box 1778, Castle Hill NSW 1765

Ph: (02) 9659-4699 Fax: (02) 9659-4633

Web: www.collegepro.biz Email: enquiries@collegepro.biz

If you have attended courses with us before there is no need to fill out this page.

Statistical Information

As a government requirement of being a Registered Training Organisation, it is essential that you complete the following information for statistical purposes. Your assistance in this matter is greatly appreciated.

Country of Birth:

- Australia
- Other (please state) _____

Language Other than English:

- English only
- Other (please state) _____

English Proficiency:

- Very Well
- Well
- Not Well
- Not at All

Aboriginal / Torres Strait Origin:

- No
- Aboriginal
- Torres Strait Islander

Highest Completed School Level _____ (eg. Year 10, 11, 12)

Year Completed _____ (eg. 1990, 1995)

Still At School Yes / No

Disability:

- Hearing / Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired Brain Impairment
- Vision
- Medical Condition
- Other _____

Reason for undertaking this course:

Prior Education:

- Bachelor or Higher Degree
- Advanced Diploma
- Diploma
- Certificate IV
- Certificate III
- Certificate II
- Certificate II
- Certificate I
- Other (please state) _____

Employment Status:

- Full-time
- Part-time
- Casual
- Self employed (not employing others)
- Employer
- Employed (unpaid worker in family business)
- Unemployed (seeking full-time work)
- Unemployed (seeking part-time work)
- Not Employed (not seeking work)