

Enrolment Form

PLEASE PRINT

Title: Mr / Mrs / Miss / Ms / Dr

☐ Male

☐ Female

Date of Birth ____/____/____

Surname

Given Names

Address

Suburb

Postcode

Tel (Work)

Tel (Home)

Mobile

Email

Please enrol me in the following subjects:

SUBJECT	VENUE	DAY	TIME	COST
TOTAL				

Where did you hear about our Short Courses?

☐ Brochure

☐ Newspaper

☐ Letterbox drop

☐ Referral

☐ Employment

☐ Brochure stand

☐ Re-enrolling

☐ Friend or Relative

☐ College

☐ Website

☐ Other

What's motivated you to enrol in a course?

☐ Employment

☐ Leisure

☐ Learn a Skill

☐ Meet People

To confirm this enrolment please sign to accept the terms and conditions. I have read and understand the refund policy below.

Students Name

Signature

CREDIT CARD ENROLMENTS

Name of Cardholder

Card Number

Expiry Date ____/____/____

Card Type

☐ Mastercard

☐ Visa

Signature

Please send completed enrolment form(s) with payment to the address, fax number or email listed below

POLYTECHNIC WEST – SHORT COURSES

PO Box 1336, Midland WA 6936 T 08 9267 7888 F 08 9267 7889

E shortcourses@polytechnic.wa.edu.au www.shortcourseswa.com.au

Refund Policy Students are entitled to a full refund of fees and charges where: A course is cancelled or re-scheduled to a time or location unsuitable to the student. A student is not given a place due to the class being full. A student withdraws prior to course commencement due to a serious illness, injury, or disability that prevents the student from attending the course (medical certificate is required). After the start of classes a pro-rata refund of the tuition fee may be considered for serious medical reasons ONLY (medical certificate is required). THERE IS NO OTHER GROUNDS FOR REFUNDS. The information contained in this brochure was correct at the time of printing. We apologise for any changes that may occur.