

# Corrindale Training

A.B.N. 38 157 503 027

1/26 Township Drive West Burleigh Qld 4219, Australia

Telephone: (07) 5535 1420 (07) 5597 7099

Mob 0428508360

e-mail: dcorry@bigpond.net.au

## ENROLMENT FORM

<b>Personal Details</b>
<b>Student Number:</b>

<b>Surname:</b>
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<b>Given Names:</b>
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<b>Home Address:</b>
<b>Post Code:</b>

<b>Telephone Number:</b>
(H) (W)

<b>Fax Number:</b>
(H) (W)

<b>Email Address:</b>
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<b>Emergency Contact:</b>
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<b>Country of Birth:</b>
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### EDUCATIONAL HISTORY

<b>Last Institute Attended</b>
<b>Name:</b>
<b>Date:</b>

<b>Highest Level Attained:</b>
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<b>Employment Status</b>
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<input type="checkbox"/> Employer
<input type="checkbox"/> Full-Time Employee
<input type="checkbox"/> Employed – Unpaid Family Worker
<input type="checkbox"/> Part-Time Employee
<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Unemployed – Seeking Full-Time Work
<input type="checkbox"/> Unemployed – Seeking Part-Time Work
<input type="checkbox"/> Unemployed – Not Seeking Employment

<b>Employer's Name and Address:</b>
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<b>Aboriginal or Torres Strait Islander</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

### COURSE DETAILS

<b>Course Name:</b> <b>Automotive Mechanical</b> <b>Airconditioning</b>
<b>Course Code:</b> AUR20705

<b>Start Date:</b>
<b>Finish Date:</b>

*I agree to abide by the rules of Corrindale Training as far as they may apply to me. I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.*

*I recognise that it is my responsibility to provide all necessary documentary evidence and hereby authorise Corrindale Training to obtain further information if and when necessary.*

<b>Signature of Applicant:</b>
<b>Date:</b>

## ENROLMENT FORM

Unit Code	Unit Title

**Elective Units:**

Unit Code	Unit Title

**Fee Payment Options: (please tick the appropriate box)**

- EFT National Australia Bank Nerang
- BSB 084 852 82728 0290

**Payment Method:**

- I would like to pay by cheque/money order (to be made payable to (Corrindale Training))
- I would like to pay by credit card (please complete your credit card details)

Credit Card Type:     Mastercard     Bankcard     Visa

Card Number:                  Expiry Date - - - / - - -

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

E-Mail ; [dcorry@bigpond.net.au](mailto:dcorry@bigpond.net.au)