

ENROLMENT & COURSE DETAILS – Protection Officer Level 3

Course Date: _____ Cost: **\$400 per person** Duration: **2 days**

INDIVIDUAL ENROLMENTS ONLY

Title: *(Please tick)* Mr Mrs Miss Ms Other

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Email: _____

BUSINESS DETAILS

Business Name: _____ Contact Name: _____

Address: _____ Telephone: _____

Email: _____

GROUP BOOKING NAMES

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

PAYMENT METHOD

Payments can be made on the day at our office via ETF, or direct debit into our account with your name as your reference. **Account Number:** 11030992 **BSB:** 062 624 **Name:** Southern Cross Civil and Rail Training Pty Ltd

Method of payment (Credit Card, EFT on day, Direct Debit): _____

Type of Card (Bankcard, MasterCard, Visa) Name on Card:

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Expiry:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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USI Number _____

Please note that if you have enrolled to the course and fail to attend, you will be charged for the course. Please notify reception on 02 9708 5980 or reception@scrt.com.au as soon as possible.

Signed: _____ Date: _____