

## ENROLMENT & COURSE DETAILS –

Course Date: \_\_\_\_\_

Cost: \_\_\_\_\_

Duration: \_\_\_\_\_

## INDIVIDUAL ENROLMENT 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"/>	<input type="text"/>	<input type="text"/>
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**NB: A holding 50% deposit is required for individual enrolments with balance of payment due on the day.**

Have you completed a TfNSW Approved Category 1 Medical? \_\_\_\_\_

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](mailto:reception@scrt.com.au) as soon as possible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_