

Pathways Education and Training Solutions

Individual Enrolment Form

To be used for one-to-one tutorials or consultations only.

CLIENT DETAILS

(We will notify **this** person of any changes to scheduled courses unless we are otherwise advised.)

Title: Mr / Ms _____ Given Name _____ Surname: _____

Home Address: _____

Suburb: _____ State: _____ Postcode _____

Phone: _____ Mobile: _____ Fax: _____

e-mail: _____ Date of Birth ____/____/____ (optional)

Client signature _____

Payment by WA Government Purchasing Card Accepted

PAYMENT DETAILS (Tick one and complete below as applicable)

Cheque _____ Direct Deposit _____ Invoice _____ Credit Card _____

Cheque No: _____ Name (s) on Cheque _____

Bank _____ Bank Address _____

Direct Deposit to : Pathways Education and Training Solutions

Bank and Branch : Bankwest, Bull Creek, WA 6149. BSB No. 306-110 Account No. 012433-0

Details for Invoicing :

Individual or Organisation to be Invoiced _____

Postal Address _____

Invoice Contact _____ Invoice/Purchase Order No. _____

Credit Card Authorisation : Mastercard Visa Other _____

Card Number _____ Expiry Date ____/____

Cardholder's Name _____ Signature _____

COURSE OR WORKSHOP

Course No.	<input checked="" type="checkbox"/>	Course title	Date(s) of course	Fee per person incl GST
PETS 01/03		Apply Yourself - Writing to Select Criteria (½ day)	/ /	295.00
PETS 02/03		Apply Yourself - Assertive Interview Skills (½ day)	/ /	295.00
PETS 19/13		Apply Yourself - Writ to SC and Assert IS (½ day)	/ /	295.00
PETS 18/12		Risky Business (½ day)	/ /	295.00
PETS 20/13		Business Planning (Fee per hour - \$77.00 incl GST)	/ / / / / /	____.____
PETS 99/03		Other (specify) :	/ /	____.____
TOTAL				____.____

Important Conditions of Your Enrolment

We reserve the right to vary and update the content of courses and workshops as required. No guarantee of gaining employment or workplace promotions as a result of attending our courses or workshops is made or implied.

If your notice of cancellation of an enrolment is received in writing (fax, e-mail, or post mail) 10 or more working days prior to the commencement of a course, no course/workshop fee will be charged. If notice of cancellation is received in writing between 5 – 9 working days, a 50% course/workshop fee will be charged. If notice of cancellation is received in writing less than 5 working days from the start of a course/workshop, the full fee for that course/workshop will be charged. Verbal cancellations cannot be accepted.

ENROLMENT ADMINISTRATION ONLY:

Enrolled by _____ Date of Enrolment ____/____/____
(Pathways ETS Staff Member to sign)

Client I.D No: _____ Issued Pathways ETS Certificate No. _____

Re-enrolment (Yes/No) _____ Last Enrolled with Pathways ETS (mm/yy) ____/____

Fax completed form to 9840 8817 or post to Pathways ETS, PO Box 215,
Denmark, WA 6333. (ABN : 21 791 522 600)