



Contact				Office Use Only	
<b>Address</b> 71 Ridge St, Gordon NSW 2072 <b>Phone</b> 02 9498 2768 <b>Fax</b> 02 9498 3816 <b>Email</b> training@awa.org.au <b>Website</b> <a href="http://www.afti.edu.au">www.afti.edu.au</a>  ABN 55 055 039 944		 		Student ID No _____  Entered on Data Base <input type="checkbox"/> Invoiced <input type="checkbox"/> Payment Received <input type="checkbox"/> Enrolment Letter Sent <input type="checkbox"/>	
Enrolment Application					
Advanced Diploma of Management Online					
Learner's Details					
Family Name			Given Names		
Preferred Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth(d/m/yy) / /	
Postal Address					
City		State	P'code	Emergency Contact	
Email			Emergency Phone		
Mobile		Phone (0 )		Fax (0 )	
Employer's Details					
Company Name					
Postal Address					
City		State	P'code	ABN	
Phone (0 )			Fax (0 )		
Manager's Name			Manager's Email		
Manager's Phone			Manager's Fax (0 )		
Enrolment Details					
Special Learning Requirements		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you answered Yes to either of these questions provide details.	
Health considerations		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Details					
<b>I have read, understood and accept all of the contents, terms and conditions detailed in AWA's Learner's Handbook. I understand that the payment below is the enrolment fee. I have a copy of the payment schedule for this course.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If responding electronically learner must type in their name signifying agreement to the above. Printed forms require a signature.					
Learners Signature			Date (d/m/yyyy) / /		
Payment					
<b>Enrolment Fee \$1,000 (no GST) (Total course fee is \$4,000 to be paid as per the payment schedule.)</b>					
<b>Party Making Payment</b> Learner <input type="checkbox"/> Employer <input type="checkbox"/> Other <input type="checkbox"/> (Please name)					
<b>Payment Method</b> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Debit <input type="checkbox"/>					
Credit Card No			Name on Card		
Cardholder Signature			Expiry /		
<b>Direct Debit:</b> Australian Window Association    Commonwealth Bank of Australia    BSB 062 140    A/C No 1070 7898 Please provide Learner Surname as the Reference and provide remittance advice to AWA.					
Enrolment Policy					
Bookings: Enrolments must be accompanied by payment. Courses are offered subject to sufficient participant numbers and final decisions regarding commencement may not be made until one week prior to commencement of the scheduled training.					
How did you learn about the course? Member <input type="checkbox"/> Internet <input type="checkbox"/> Referral <input type="checkbox"/> Business Directory <input type="checkbox"/> Other <input type="checkbox"/> Please provide details:					