



INTERACT TRAINING SERVICES

ENROLMENT FORM

Please complete this form to enrol for one of our courses.

We regret that we can only accept your enrolment with payment in full for the course.

NAME	
COMPANY (if employer paying for course)	
BILLING ADDRESS (if employer paying for course)	
ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
DATE OF REGISTRATION	
COURSE (PLEASE COMPLETE ONE FORM PER COURSE)	
DATE OF COURSE	/ /
AMOUNT PAID	\$
PAYMENT OPTIONS (please circle)	Cheque / BPAY / Cash
DO YOU HAVE ANY SPECIAL REQUIREMENTS?	

If this course requires you to have previous training or experience or you feel that you might qualify for a credit for part of the course, you will have to attach an RPL form signed by our Chief Executive: please ask us what previous training or experience you need for this course, and ask for an RPL form to fill in.

OFFICE USE ONLY:

Receipt/Invoice Number: _____

Issue Date: _____

RPL approved: _____

Course Summary Form noted: _____

File this form in the enrolment forms file.

Y / N / NA

Y/N

Initials

