



Training and Development Provider

www.inap.org.au

# 2012 SHORT COURSE ENROLMENT FORM

INAP Contact: Rachel Rowett – 8342 0841 or [rachel@inap.org.au](mailto:rachel@inap.org.au)

- Send INAP original
- VET Coordinator Copy
- Student aware of
  - refund and withdrawal policy
- Commitment to pay
- Signatures completed

DATE OF COURSE: \_\_\_\_\_ VENUE: \_\_\_\_\_

SHORT COURSE Name: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ Male/Female \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Year Level (in 2012): \_\_\_\_\_

Student Complete Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ or \_\_\_\_\_ School Phone: \_\_\_\_\_

Student's Mobile Number: \_\_\_\_\_ AGE: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

VET Coordinator Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Does the trainer need to contact the VET Coordinator for further information:  Yes  No

## EMERGENCY CONTACT DETAILS

**In case of an Emergency:-** (Please provide an emergency contact number)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Any known medical condition or learning difficulties: \_\_\_\_\_

## DISCLAIMER

If required, I give permission for the use of a photographic image of my child in a group or individually (for use on INAP PowerPoint Presentations, the INAP website and/or newsletter and School Newsletters).  Yes  No

I give permission for the above information to be released to the lecturer of the course (for their records) and for academic information to be released to other accredited registered training providers (including my child's school). I also give permission for my son/daughter to go offsite for any work place learning that is a requirement of the course.  Yes  No

## TERMS AND CONDITIONS

- Courses must be paid on enrolment and prior to the commencement of the short course.
- Course fees can be paid by cheque, direct deposit into the INAP Training and Development Provider Bank SA account: **BSB: 105 022 - A/C# 059 435 240** or as per the arrangement with your school.
- No REFUND within 14 day of the course or once the student's course has commenced.
- Written notice of withdrawal is required by the school/student at least 14 working days prior to the commencement of the short course; a refund will be provided less a \$50 administration fee.
- A student may defer their enrolment of the course to a later date within the same year, subject to availability. At least 14 days' notice is required and a \$25 administration fee applies.
- In the event of a course cancellation, all monies paid by the student will be refunded within 30 days.
- Students will not receive their Academic transcripts until full payment has been made of the course. Any reprinting of the Academic transcript will incur a charge of \$25 per transcript.
- A student may be suspended or dismissed at the discretion of the training provider due to unsatisfactory conduct, attitude. No refund will be provided in these circumstances.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian/ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

VET Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_