



**CIVIL TRAIN NORTHERN TERRITORY
SHORT COURSE REGISTRATION FORM**

Please return the completed form by mail to
PHoran@ccfsa.com.au For enquires contact us on
(08) 8953 3515

All sections marked with an asterisk * are compulsory fields. Employers and agencies need to also complete the company fields

*Company Contact: (If applicable)		Is your business a CCF SA Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Company: (If applicable)		Is your business a CCF NT Member?	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Address		Would you like to be contacted about membership benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Postal Address: (if not the same as above)		ABN (If applicable):	
		*Contact Phone Number:	
		*Contact Email:	
*Declaration	<p>I _____ agree to pay all fees applicable to and arising from the enrolment of the learner/s listed in this form. I have read, understood and agree to Civil Train SA Fees and Refunds Policy and Privacy Policy available at www.civiltrainsa.com.au . I give permission to have my contact details added to the distribution list. I have been provided with Civil Train SA Learner Pre-enrolment Information and Course Information.</p> <p>Signed: _____ Date: _____</p>		
*Name of Training Program/Course:		*Course Date(s):	
<p>Please indicate how payment will be made: Payment cannot be accepted on the date of the course. Payment must be made upon registration.</p> <p><input type="checkbox"/> Third Party Invoice: _____ [available only for existing clients] Third Party email for Invoice _____</p> <p><input type="checkbox"/> Direct Credit details: <i>BSB 065-000 Account No. 10993780</i> <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card</p> <p>Please enter card details below: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholders name: _____ CCV: _____</p> <p>Card Number: _____ Expiry date: _____</p>			

AMOUNT \$

Learner No.	*USI	*Learners First Name(s)	*Learners Surname(s)	* Date of Birth	*Are you over the age of 18 years?	Are you eligible for Industry BuildSkills funding? <i>Australian citizen/ New Zealand person who has been resident in Australia for 6 months/ permanent resident/ temporary protection visa AND NT resident AND An existing worker</i>	Do you speak, read and write fluently in English?	Have you completed Year 10 or equivalent?	Do you require any support (e.g. language, literacy and numeracy, assistive technology, etc.) to successfully complete the course?	Do you require adjustments due to disability or medical conditions?
						<i>If you have answered yes please provide the required evidence to verify student's eligibility</i>	<i>If you have answered yes to any of the above questions a Civil Train representative will contact you directly to discuss your learner support needs</i>			
1					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Learner email:										
2					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Learner email:										
3					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Learner email:										
4					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Learner email:										
5					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
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6					<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
Learner email:										