



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

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

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):	

Please indicate how payment will be made: Payment **cannot** be accepted on the date of the course. Payment must be made upon registration.

Third Party Invoice: _____ [available only for existing clients] Third Party email for Invoice _____

Direct Credit details: BSB 065-000 Account No. 10993780 Cash Credit/Debit Card

Please enter card details below:

Visa MasterCard Cardholders name: _____ CCV: _____

Card Number: _____ Expiry date: _____

AMOUNT \$

