

**NT SHORT COURSE REGISTRATION FORM**

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

<b>*Company Contact: (If applicable)</b>		<b>Is your business a CCF SA Member?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>*Company: (If applicable)</b>		<b>Is your business a CCF NT Member?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>*Address</b>		<b>Would you like to be contacted about membership benefits?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Postal Address: (if not the same as above)</b>		<b>*ABN (If applicable):</b>	
		<b>*Contact Phone Number:</b>	
		<b>*Contact Email:</b>	
<b>*Declaration</b>	<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 RTO 45621 Fees and Refunds Policy and Privacy Policy available at <a href="http://www.civiltrain.com.au">www.civiltrain.com.au</a> I give permission to have my contact details added to the distribution list. I have been provided with Civil Train RTO 45621 Learner Pre-enrolment Information and Course Information.</p> <p>Signed: _____ Date: _____</p>		
<b>*Name of Training Program/Course:</b>		<b>*Course Date(s):</b>	
<p><b>Please indicate how payment will be made:</b> (Payment <b>cannot</b> be accepted on the date of the course. Payment must be made upon registration).</p> <p><input type="checkbox"/> Invoice PO Number: _____ Company paying invoice: _____ Email for invoice: _____</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Credit/Debit Card <b>A CIVIL TRAIN REPRESENTATIVE WILL CALL YOU ON THE NUMBER PROVIDED TO TAKE PAYMENT</b></p> <p><input type="checkbox"/> Bank transfer <i>Civil Contractors Federation BSB 065-000 Account No. 12430519</i></p>			
			<b>AMOUNT \$</b>

*USI	*Learner's First Name(s)	*Learner's Surname(s)	* Date of Birth	*Are you over the age of 18 years?	*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 required, a Civil Train representative will contact you directly to discuss your learner support needs</i>			
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				
				<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:				*Learner mobile number:				