



The Training Division of the CCF RTO 45621

Please return the completed form by email to coursesWA@ccfsa.com.au For enquires contact us on (08) 9417 1980



The Training Division of the CCF RTO 45621

WA 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 WA 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 RTO 45621 Fees and Refunds Policy and Privacy Policy available at www.civiltrain.com.au 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>		
*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).

Invoice PO Number: _____ Company paying invoice: _____ Email for invoice: _____

Cash

Credit/Debit Card **A CIVIL TRAIN REPRESENTATIVE WILL CALL YOU ON THE NUMBER PROVIDED TO TAKE PAYMENT**

Bank transfer *Civil Contractors Federation BSB 065-000 Account No. 12430519*

AMOUNT \$

*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
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*Learner email:				*Learner mobile number:				