

Course Registration Form / Tax Invoice

ABN: 50 096 189 132

To register, please complete this form and fax to (08) 9221 0966 or post to Applied Education, Level 1, 524 Hay Street, Perth WA 6000

Student Details

Name: _____ Company: _____
Address: _____
Email: _____
Phone: _____ Fax: _____
Date of Birth: _____ Gender: _____

Course & Pricing Details

- FNSBKG404A Carry Out Business Activity and Instalment Activity Statement Tasks (Self Paced Learning) \$349 GST Free
 - FNSBKG405A Establish and Maintain a Payroll System (Self Paced Learning) \$349 GST Free
 - Study Both Units (Self Paced Learning) \$525 GST Free
 - FNSBKG404A Carry Out Business Activity and Instalment Activity Statement Tasks (Recognised Prior Learning) \$349 GST Free
 - FNSBKG405A Establish and Maintain a Payroll System (Recognised Prior Learning) \$349 GST Free
 - Study Both Units (Recognised Prior Learning) \$525 GST Free

Payment Details

Direct Deposit
Applied Education
BSB: 306104 Account: 0643327
Please quote your company name
as the reference

Credit Card
Please debit (3% surcharge applies to AMEX and Diners):
 Mastercard Visa AMEX Diners
Card
Expiry
Name on Card: _____
Signature: _____

Cheque
Please make payable to 'Applied
Education' and send to Level 1, 524
Hay Street, Perth WA 6000

Additional Registration Details

Disabilities (please tick)

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick applicable: Hearing Mental Illness Physical Visual Other

Student Declaration (please tick)

- I have read and understood the Applied Education Student Handbook, and agree to abide by the Code of Practice.
 - I confirm the accuracy of the information provided.
 - I understand that my personal information may be disclosed to a registering body official for audit purposes.

Student Signature _____ Date _____
Parent/Guardian Signature* _____ Date _____
*If student is under 18 years of age