

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

- | | |
|--|---|
| <input type="checkbox"/> Direct Deposit
Applied Education
BSB: 306104 Account: 0643327
Please quote your company name as the reference | <input type="checkbox"/> Credit Card
Please debit (3% surcharge applies to AMEX and Diners):
<input type="radio"/> Mastercard <input type="radio"/> Visa <input type="radio"/> AMEX <input type="radio"/> Diners

Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name on Card: _____
Signature: _____ |
| <input type="checkbox"/> 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

Postal Address: Level 1, 524 Hay Street, Perth WA 6000

Email: reception@appliededucation.com.au **Web:** www.appliededucation.com.au