



Sandybeach Centre Enrolment Form / Tax Invoice

Use for Government Funded Courses

Sandybeach Centre ABN 39 853 867 516

2 Sims Street, Sandringham, Vic. 3191 Ph: 9598 2155 Fax: 9598 3917 Registered Training Organisation 4069

Residency Status: To be eligible for a government funded place, you must meet one of the following residency criteria:

- Australian citizen
 Permanent Visa holder
 Temporary Protection Visa
 Special category Visa (sub class 444)
 East Timorese Asylum Seeker
 None of the above - full fee applies

Course Name: _____ **Course Code:** _____ **Fee:** _____

Student Details: First Name: _____ Surname: _____

Address: _____ Suburb: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email : _____

Date of Birth: / / Male Female

Do you require support to do this activity? Yes No
If Yes, we will contact you for further details

Privacy: Sandybeach respects your right to information privacy. Information which we collect and hold on participants is kept in accordance with information privacy laws.

Are you currently attending secondary school? Yes No

Have you completed Year 12 and obtained VCE/HSC or equivalent? Yes No

Year you completed school? _____ Country where completed? _____

Have you undertaken any prior education? Yes (please tick one of the boxes below) No

- Certificate I
 Certificate II
 Certificate III
 Certificate IV
 Diploma
 Advanced Diploma & Associate Degree
 Bachelor Degree or Higher Degree

I, the undersigned, declare that the information provided by me on this form detailing my identity, residency status, educational and vocational attainment is true and correct. I understand that Sandybeach Centre may require that I produce evidence to substantiate my claim for a government funded place, and failure to do so will result in my ineligibility for Government assistance and a liability for full fees for any training undertaken. I understand that any false information rendering me ineligible for a government funded place, in the course in which I have enrolled, will result in me being liable for payment in full of Sandybeach Centre's fee for service fees.

Signed _____ **Name** _____ **Date** _____

Witnessed By _____ **Name** _____ **Date** _____

Concessions and Payment: If applicable, tick the relevant box and attach appropriate documentation to confirm your concession

- Health Care Card
 Pensioner Concession Card
 Veterans Gold Card

Concession Card Number _____ Expiry Date _____

Payment Method: Cheque (made payable to Sandybeach Centre) Money Order Visa MasterCard

Card Number _____ / _____ / _____ / _____ Expiry _____ / _____ Card Check Value (CCV) _____

Card Holder's Name (please print) _____ Card Holder's Signature _____

If payment is made by your employer or another third party, complete this section and attach payment. Full fee applies:

Business/Third Party Name: _____ Contact Name: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Fax: _____ Purchase Order No. _____

Cancellation Policy: Sandybeach Centre makes every effort to run courses as advertised but occasionally they may have to be cancelled. In such cases a full refund is made.

Withdrawal or transfer by the Student:

- Government funded courses, regulations apply - see cancellation policy on page 23.
- Non-funded places:
 - 7 days (including five working days) prior to course commencement - full refund less \$20 administration charge.
 - Less than 7 days (including five working days) prior to course commencement - no refund or transfer.

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