COURSE ENROLMENT FORM

Fax to: (07) 3255 5686 **Email to: office@jist.com.au** **Post to: PO Box 102, Salisbury, 4107**

CONTACT DETAILS

Given Name/s: _____ Last Name: _____

Date of Birth: _____/_____/_____ Gender: Male /Female

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Employer: _____

Employer Contact Number: _____

Employer Postal Address: _____ Post Code: _____

EMERGENCY CONTACT DETAILS:

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

COURSE DETAILS

Course Title: _____

Start Date: _____/_____/_____

TRADE DETAILS *(if applicable)*

Qualification/Trade Name: _____ Builders/Trades License #: _____

BERT #: _____ Qleave #: _____

INDUSTRY ASSOCIATION/UNION DETAILS *(if applicable)*

Association: _____

Membership Number: _____

COURSE PAYMENT:

Payment Details (circle): Credit Card Cheque/MO Cash Direct Deposit

Credit Card Payment By: Visa ☐ Master Card ☐

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐/☐☐ Amount Paid: _____

Name on Card: _____ Signature: _____

I do understand that payment must be received at least 3 days prior to the commencement of a course to confirm my place.
I do solemnly and sincerely declare that the above information is a true and correct record.

Print Name	**Signature**	**Date**
_____	_____	_____

Notice: REFUNDS
Once training begins, no refund will be given if you leave before it finishes, unless you can provide evidence of a medical reason or other hardship. In those cases, a refund will be given minus a $20.00 administration fee. Should you be unable to finish the course due to JIST cancelling or suspending the training, a full refund will be given. *Please don't hesitate to contact our office if you require more information.*