

# COURSE ENROLMENT FORM

|                                                                            |                                                                           |             |  |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------|--|
| First Name                                                                 |                                                                           | Second Name |  |
| Address                                                                    |                                                                           | Town        |  |
| State                                                                      |                                                                           | Post Code   |  |
| Contact Phone number                                                       |                                                                           |             |  |
| Email                                                                      | @                                                                         |             |  |
| Course/Module name:                                                        | Course/Module Location:                                                   |             |  |
| Commencement date:                                                         |                                                                           |             |  |
| Payment details:                                                           | Amount:                                                                   |             |  |
| Credit Card                                                                | Direct deposit                                                            |             |  |
| Only complete this section if direct deposit has been made                 |                                                                           |             |  |
| confirmation will be sent on receipt of funds                              |                                                                           |             |  |
| Please contact Angelo Piazzetta on 02 9017 2332 for payment by Credit Card | BSB : <b>083-004</b>                                                      |             |  |
|                                                                            | A/C No: <b>82-781-2744</b>                                                |             |  |
|                                                                            | A/C Name: The Property School                                             |             |  |
|                                                                            | Reference: Your surname or mobile #                                       |             |  |
| Terms and Conditions:                                                      | I have read and understood the terms and conditions of enrolment - Yes/No |             |  |