



TCA Training & Consulting Australia

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Enrolment Details (Please Print Clearly)

Mr Mrs Miss Ms (tick one box)

Name: _____

Address: _____

Post Code: _____

Phone (Hm): _____ Phone (Wk): _____ Phone (Mob): _____

Email: _____

Date of Birth: _____

Course Name: _____

Course Venue: _____

Course Date: _____

Medical Condition(s) / Medication

Is there any known reason, medical or otherwise, that would limit your ability to participate in this training program?

Yes No (tick one box)

If YES, Please specify:

Emergency Contact

Name: _____

Telephone: _____

Relationship: _____

Payment

Cheques / Money Orders are to be made payable to TCA – Training & Consulting Australia and sent to the address stated above. Full payment is required before enrolment will be processed.

Signed: _____ Date: _____

By signing and submitting this enrolment form you are acknowledging TCA – Training & Consulting Australia refund policy.

Optional Questions

Are you of Aboriginal or Torres Strait Islander Origin?

No Yes, Torres Strait Islander Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If YES, then please indicate the area(s) of disability. Impairment or long-term condition. (You may indicate more than one area)

Hearing / Deaf Physical Intellectual Learning

Mental Illness Acquired Brain Impairment Vision

Medical Condition Other

What is your main reason for undertaking this training program?

To get a Job To start/develop my own business

To get a promotion/improve career

Extra skills/requirements of my current job

To participate in another course at TAFE or University

For interest or personal development

Other