

ILC Training - Registration Form & Tax Invoice

First name: Last Name:
Address for correspondence:
.....State:..... Post Code:
Organisation:
Telephone: Fax:
E-mail:

FULL DAY TRAINING FEES (9:00 – 4:30): \$220.00 (incl. GST)

*Early Bird discount (booked/paid 3 weeks before Course commencement):
\$205.00((incl. GST)

Group/ Organisation discount (5 or more participants): \$195.00(incl. GST)

HALF-DAY TRAINING FEE (9:00 – 12:30): \$135 (incl. GST)

Early Bird discount (booked/paid 3 weeks before Course commencement):
\$120.00((incl. GST)

Group/ Organisation discount (5 or more participants): \$115.00 (incl. GST)

FOUR-DAY ABEC TRAINING (8:30 – 4:30): \$1,100 (incl. GST)

Course Name:	Course Date:	Fee Payable:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: \$

Registration will not be finalised until payment is received. A receipt will be issued.

Method of payment: Cheque Mastercard Visa Bankcard

Card No. | ____ | ____ | ____ | ____ | Exp. Date.....

Cardholder's Name: Amount: \$

Signature:

Cheques to be made payable to **Independent Living Centre NSW** and sent to:
No. 1 Fennell Street North Parramatta NSW 2150.

Registration form may be faxed with credit card details to **(02) 9890 0966**

or Direct deposit \$..... to Independent Living Centre NSW

St George Bank Ltd

BSB 112 879

Account No 4295 40510

Cancellation and refunds:

When a cancellation is unavoidable, you can:

- substitute a person in the course at any time
- request a refund up to 7 days prior to the course (less 10% admin fee)
- request a transfer to another course

Your confirmation of registration will be sent 7 days prior to the course. Once your enrolment has been confirmed no refund will be made. However, someone else may still attend in your place or you can transfer to another course (provided places are available)

Independent Living Centre NSW **ABN 44 103 681 572**

ILC Training is a service of Independent Living Centre NSW, a Registered Training Organisation.

Phone 02 9890 0995 Fax 02 9890 0966 Email educ@ilcnsw.asn.au

Are you **Female** or **Male**?

Female Male

Are you of **Aboriginal or Torres Strait Islander** origin?

No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes both Aboriginal and Torres Strait Islander

Do you speak a **language other than English** at home?

Yes No

Are you a **Permanent Resident or citizen of Australia**?

Yes No

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

Yes No

What is **your age** in years?

Under 15
15 to 19
20 to 24
25 to 34
35 to 44
45 to 54
55 to 64
over 65

What is the **Postcode** of your main place of residence?

What type of **qualification** are you enrolled in?

Certificate I
Certificate II
Certificate III
Certificate IV
Certificate level unknown
Diploma
Advanced Diploma
Associate Degree
Degree
Short course or Statement of Attainment
VET graduate certificate or graduate diploma
Other qualification or training

What is the **Broad Field** of your current training (choose one)?

Natural and physical sciences
Information technology
Engineering and related technologies
Architecture and building
Health
Education
Management and Commerce
Society and Culture
Creative Arts
Food, hospitality and personal service
Other

In what **month and year** did you start your current qualification or training? (in mm / yyyy)

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Please add any supporting comments here:
