



Queensland Aerospace College

Brisbane Queensland Australia

(A division of Queensland Aerospace Pty. Ltd) ABN 79 010 526 842

Site Address: 36 Rose Street Woolloowin Q 4030

Postal Address: PO Box 1377 Eagle Farm Q 4009 Australia

Phone: (07) 3357 7033 Fax: (07) 3357 7044

APPLICATION FOR ENROLMENT TYPE COURSE

COURSE NAME: _____

PERSONAL DETAILS

Name: _____ Date of Birth: ____/____/____

Address: _____

P/Code: _____ Phone: (____) _____

Employer: _____

ARN/Licence No: _____ Course Starting Date: _____

PAYMENT DETAILS

1. Course Fee: (Refer to Type Course Schedule) AU \$
2. Deposit: (Refer to Conditions of Enrolment) AU \$ 500
3. Balance Payable: (Refer to Conditions of Enrolment) AU \$
4. Method of Payment:

Cash Cheque Money Order Credit Card

If Credit Card, tick type: Visa Master Bankcard

Credit Card Number: ____/____/____/____ Expiry Date: ____/____/____

Name on Credit Card: _____ Signature: _____

CONDITIONS OF ENROLMENT (INCLUDING REFUND POLICY)

1. If you wish to cancel your enrolment you must notify us directly in writing.
2. \$500 Deposit is payable on enrolment. The deposit, less an administrative fee of \$100 is refundable if you cancel your enrolment, however none is refundable if you cancel your enrolment within 14 days of course commencement.
3. The Course Fee less the \$500 Deposit already paid is payable on the first day of course commencement.
4. If you cancel your enrolment after you have commenced the course you will be refunded only the unused portion of the Balance Payable. The Deposit paid in this instance is not refundable.
5. If you cannot attend the course you have enrolled on, you have the option of transferring any payments made for the course to another course offered by Queensland Aerospace Pty Ltd.

DECLARATION

I have read and accept the Conditions of Enrolment. I have read the appropriate Course Outline and having met the stated prerequisites, wish to apply under these terms.

Signature: _____ Date: ____/____/____

Rev 3 / 30 July 04