

Short Course Enrolment Form

Personal Details											
First name						Last ı	name				
Address											
Email						Phon	е				
Company Details (only requi	red for ref	erred	clients)							
Organisation						Conta	act name				
Address											
Email						Phon	е				
Short Course Detai	Is										
Training Course											
		Date/s					Start time		Fi	nish time	
								<u>'</u>			
Payment Details											
Option 1 – Direct D											
I (authorised conditions of the conditions of th											
financial institu											t at the
Details of Account	to be del	oited:									
Name of Financial	nstitutio	n									
Branch Name or Ad	ddress										
Name of Account to	o be debi	ted									
BSB Number			-		Account Number						
Wednesday date for Direct Debit					1	Note: dat	e must be a Wednesd	ay and at least to	wo weeks	prior to the room h	nire date
Option 2 – Direct D	ebit from	my cred	lit car	d account							
I authorise Julie Reid Management Pty Ltd (ABN 16 065 112 870) trading as MP Training and Recruitment to debit the amount/s payable from my/our credit card.							to debit				
Credit Card number											
Name on Card							Credit Card	Туре			
Signature							Expiry Date			/	
Wednesday date for Direct Debit		Note: da			Note: dat	ate must be a Wednesday and at least two weeks prior to the room hire date					
Authorisation											
By signing and/or providing a valid instruction in respect to your Direct Debit, you have understood and agreed to the terms and conditions governing the direct debit arrangements between you and Julie Reid Management Pty Ltd (ABN 16 065 112 870) trading as MP Training and Recruitment as set out in the Room Hire Booking and Cancellation Policy.											
Name	1141111	ng ana itt	Jordin	Signature		, 1,001			ate	on rolloy.	



Option 3	- Purchase Order	OR					
I will provide a Purchase Order to MP Training and Recruitment on confirmation of short course enrolment and agree to the payment terms detailed in the Short Course Enrolment and Cancellation Policy.							
Option 4	Option 4 – Request to Invoice						
☐ I request that MP Training and Recruitment raise an invoice on confirmation of room hire booking and agree to the payment terms detailed in the Short Course Enrolment and Cancellation Policy.							
Name of Organisation					Purchase Order No		
Contact Name					Phone		
Address							
Name			Signature			Date	•
How did you hear about this course? Direct Marketing Advertising Referral Word of Mouth MP Training and Recruitment Office MP Training and Recruitment Website							
Declaration							
 I confirm that I have read the Short Course Enrolment and Cancellation Policy. I wish to proceed with the room hire and accept the terms and conditions set out below: MP Training and Recruitment reserves the right to cancel or reschedule any course due to insufficient enrolments. Prices and course dates may be subject to change. MP Training and Recruitment will acknowledge receipt of your Short Course Enrolment Form and confirm your enrolment one week prior to the scheduled short course training date. 							
Name			Signature			Date	

Please return the Short Course Enrolment Form to:

F: 02 6057 9333

E: markus@mptrainingandrecruitment.com.au

ADMINISTRATION ONLY

Tas	k	Completed by	Date completed
	Invoice request raised		
	Short course booking entered into Room Booking calendar		
	Short course booking date/s and requirements diarised		
	Short course trainer confirmed		
	Receipt of Short Course Enrolment Form acknowledged and client notified		
	Client confirmation obtained one week prior to scheduled short course training date		
	Training resources prepared		
	Short Course Certificate of Attendance printed and issued		