

Short Course Enrolment Form

Please complete this form and send with payment to: OPEN CHANNEL, SHED 4, NORTH WHARF ROAD, DOCKLANDS 3008

PLEASE PRINT YOUR DETAILS CLEARLY

Course Title:					
Starting Date:	Fee:				
First Name:	Family Name:				
Street:					
Suburb:	State:P/Code:				
Phone (home):	Ph (work):				
Mobile:	Email:				
Date of Birth:	Gender: female / male				
Are you a current OPEN CHANNEL member?	yes/no Membership no:				
Please send me membership information:	yes/no				
Optional questions to help OPEN CHANNE	L in collating statistical information:				
Country of Birth:	Year of Arrival in Australia:				
Are you Aboriginal / Torres Straight Islander? yes/no					
Do you speak a language other than English at home? If yes, please specify:					
Do you have a disability or special needs? If yes, please specify:					
How did you find out about OPEN CHANNEL?					
Flyer / Brochure sent to me Flyer / E	Flyer/ Brochure in public (where?)				
Word of mouth Newspa	Newspaper ad (specify)				
Avant Card Mag/str	Mag/street press (specify)				
Channel 31 Radio (s	Radio (specify)				
OPEN LINE email Website	Website / Web search (specify)				
Other (specify)					

Conditions of Enrolment

OPEN CHANNEL reserves the right to cancel any course. If OPEN CHANNEL cancels a course all fees will be returned or may be transferred to another course. If you withdraw from or transfer to another course less than 14 working days before the commencement of a course a 20% administration levy will be charged. There will be no refund once the course commences. Different enrolment conditions apply for accredited courses.

After sending your completed application form and payment to OPEN CHANNEL, you will receive a Confirmation of Enrolment Letter in the mail.

Payment Details					
I have read the above enrolment details and agree to accept the conditions specified.					
Signed:					
Name (if different from course participant named above):					
Payment can be made by Paymate via the OPEN CHANNEL website, or be phone, fax, mail, or in person at OPEN CHANNEL during business hours. Please make cheques payable to OPEN CHANNEL Cooperative Limited.					
Payment by:	Paymate	Cash	Cheque	Money Order	Eftpos
Card Num:				Visa	Mastercard
Cardholder Signature:					
Name on Card:		Exp Da	Exp Date:		

OFFICE USE ONLY: last updated: 5/7/06		
Enrolment form Complete?:		
Date Applicant Confirmation of Enrolment Letter Sent:		
Date Tax Invoice Sent?:	Receipt Num:	
Course Code:	Entered by:	

OPEN CHANNEL CO-OPERATIVE Ltd SHED 4, NORTH WHARF ROAD VICTORIA HARBOUR, DOCKLANDS 3008

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