

QFRM01- Course Registration Form

Name:

Position: Organisation:

Address:

Suburb: Post Code:

Phone (W): Phone (H): Fax (W):

Email:

Please indicate which course(s) you are attending: (place a tick in the box(s))

- | | | | |
|-----------------------|--|------------|-------------|
| <input type="radio"/> | Provide Responsible Service of Alcohol (SITHFABO09A) | Date:..... | Venue:..... |
| <input type="radio"/> | Provide Responsible Gambling Services (SITHGAMO06A) | Date:..... | Venue:..... |
| <input type="radio"/> | Follow Workplace Hygiene Procedures (SITXOHSO02A) | Date:..... | Venue:..... |
| <input type="radio"/> | Clean & Tidy Bar Areas (SITHFABO01A) | Date:..... | Venue:..... |
| <input type="radio"/> | Provide Club Reception Services (SITXCSCO04A) | Date:..... | Venue:..... |
| <input type="radio"/> | Prepare & Serve Espresso Coffee (SITHFAB012A) | Date:..... | Venue:..... |
| <input type="radio"/> | Certificate II in Hospitality SIT20207 | Date:..... | Venue:..... |
| <input type="radio"/> | Certificate III in Hospitality SIT30707 | Date:..... | Venue:..... |

Do you have any special Learning Requirements?..... Please state Requirements:.....
 Where did you hear about Tactical Training Group Pty Ltd.....

Payment Details - Amount: \$			
Bank Transfer to Westpac Bank Name: Tactical Training Group Pty Ltd BSB: 032 002 A/C: 696 001			
Please tick method of payment: Cash <input type="checkbox"/> Company Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>			
If paying by credit card: <i>Please debit my credit card automatically for the Amount stated.</i>			
		Card No: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
MasterCard <input type="checkbox"/>	Cardholder:	Exp Date: ___/___/___	
Visa <input type="checkbox"/>	Signature:	Dated: ___/___/___	
3 Digit Verification number (CCV)			

Conditions

Enrollment is accepted when course fee has been paid. Discount applies for pre payment of courses. No refund within 13 days of workshop. A substitute is welcome if you cannot attend (48 hours notice required). Tactical Training reserves the right to alter program without notice.

PRIVACY NOTICE AND APPLICANT DECLARATION

THE INFORMATION PROVIDED BY YOU IN THIS APPLICATION FORM WILL BE USED BY THE RTO FOR THE PURPOSES OF GENERAL STUDENT ADMINISTRATION, PLANNING AND COMMUNICATION. THE INFORMATION CONTAINED HEREIN MAY BE PROVIDED TO EMPLOYERS THAT FUND THIS COURSE OR GOVERNMENTAL AGENCIES THAT ACCREDIT THIS COURSE.

THE PROVISION OF THIS INFORMATION IS ESSENTIAL TO DETERMINE YOUR ELIGIBILITY FOR A PLACE IN A THE RTO'S COURSE. I CONSENT TO THE RTO OBTAINING ALL PERSONAL INFORMATION NECESSARY FOR THE PURPOSE OF MY APPLICATION AND COURSE. INFORMATION PROVIDED WILL BE HELD SECURELY. REFER TO THE RTO'S PRIVACY POLICY FOR FURTHER INFORMATION. BY SIGNING THIS FORM I UNDERSTAND AND WILL ADHERE TO THE RTO'S POLICIES.

(Participant's signature)..... (Date).....

PLEASE RETURN THIS COMPLETED REGISTRATION FORM WITH PAYMENT TO:

Tactical Training Group
 ABN: 57 094 224 076
 Level 7, 71 Walker St North Sydney NSW 2060
 PH: (02) 1300 772 724 Fax: (02) 8920 1033 Email: info@tacticaltraininggroup.com.au