SG Lee & AM McLeod Trading as

Body-Lee Massage College

Registered Training Organisation - NTIS Code 91662

PO Box 599 HAMILTON NSW 2303

TEL: 02 49612259 MOB: 0401 55518 or 0425 211039

EMAIL: bodyleemassage@gmail.com ABN: 43 050 683 241

Enrolment Form

Surname:	Street Address:
First Name(s):	Suburb/Town:
Date of Birth: ____/____/____	State: Post Code:
Email:	Postal Address
Phone: (H) (W	Suburb/Town:
Mobile:	State: Post Code:
Emergency contact name:	Emergency contact No:
Previous Qualifications _____ _____	Are you applying for Recognition of Prior Learning? YES ☐ NO ☐

Do you have any disabilities or learning needs that we need to be aware of? YES ☐ NO ☐
If Yes, please indicate. _____

How did you find out about this course? Website ☐ Newspaper ☐ Brochure ☐ Friend /Family ☐

Name of course: _____ Course Code: _____

Course Fee: $_____ Paid By: Cash ☐ Cheque ☐ Direct Deposit ☐

Deposit (If applicable): $_____ Paid By: Cash ☐ Cheque ☐ Direct Deposit ☐

Direct Deposit details:
BSB: 637000 Account Number: 715746700 Reference: Your surname & Course(e.g. McLeodCERT.IV)

PRIVACY NOTICE AND APPLICANT DECLARATION

The information provided by you in this enrolment form will be held securely. It will be used by Body-Lee Massage College for the purpose of general participant administration, planning and communication. Under legislation, it may be provided to governmental agencies that fund and/or accredit this course. By signing this form, I consent to Body-Lee Massage College obtaining all personal information necessary for the purpose of my application and course. I acknowledge that I have read, understand and will adhere to Body-Lee Massage College and NSW Department of Education and Training policies, as set out in the Student Handbook.

Participant's signature: _____ Date: _____

Parent / Guardian's signature: _____ Date: _____
(If student is under 18 yrs)

Office use only:

Start …… End ……

Accepted: YES NO Waiting list

Student's ID No……

Payment: $..... Invoice/Receipt No……..

Date ……..…….. Staff signature…….