

ENROLMENT FORM

Enrolment Information	
Course Name	Laser and Intense Pulsed Light Safety Course – ED268
Delivery Method	Online

Participant Information			
Surname		Date of Birth	
Given Names		Gender	Male Female
Address	<div style="display: flex; justify-content: space-between;"> State: Postcode: </div>		
Email Address			
Mobile		Enrolment Date:	
Identification	Please mark X and attach a copy of: Drivers Licence or Passport		

How did you hear about Erazalaser College?		
Google	Facebook	Media
Friend/Family	Instagram	Other – please specify

Enrolment Method	
Email	<p>Please email your completed enrolment form together with a copy of your ID to training@erazalaser.com.au</p> <p>Once we have received your enrolment form and payment, access to your learning guide and assessment workbook will be provided.</p>

Course Fee: \$500 (paid when submitting the enrolment form)

Payment Method	
To secure your enrolment, the enrolment fee must be received with this form. Your payment method is shown below.	

PAYMENT METHOD

Electronic Funds Transfer:

Account Name: Erazalaser Clinic P/L

Bank: CBA

BSB: 064 486

Account Number: 1053 6326

Reference: Your surname

Date Paid: / / Amount Paid:

Paid by Name:

Signature:

Enrolment Terms and Conditions

To apply for a training course through Erazalaser College, you must complete this enrolment form and pay the **fee** as outlined above.

The course must be completed within three (3) months of enrolment.

No refund will be paid if you do not complete the course.

Privacy Statement

The information supplied on this form is needed by Erazalaser College to manage your enrolment. No personal information will be disclosed to any third party without your express consent, except where required by law. The information requested in this form may be used by Erazalaser College to satisfy regulatory reporting requirements. In supplying the requested information, the participant is deemed to have consented to the use of information for those purposes.

Student Declaration

I understand that if I provide incorrect or incomplete information, this may result in cancellation of my enrolment.

I recognize that it is my responsibility to provide all necessary documentation to support this enrolment.

I declare that the information provided by me on this form is true and correct, and I understand that this information will be treated as private and confidential and will not be divulged without my written consent, except where Erazalaser College is legally obliged to do so.

Please sign below to accept the offer of a place in your training and the conditions of your enrolment.

Have you attached a copy of your identification?

Signature:

Name:

Date: