

TERMS

All course fees are inclusive of GST, and include course material and refreshments.

CONFIRMATION

We will confirm receipt of your registration and then seven days prior to the scheduled date of the course we will confirm your attendance and provide venue information.

CANCELLATION POLICY

Cancellations are accepted up to ten working days prior to the scheduled course date. After that date, the full course fee is payable. If you cannot attend we would welcome a substitute participant.

NON-ATTENDANCE

No refund will be made for non-attendance on the day. We welcome a substitute participant if you can not attend.

ILLNESS

In the case of non-attendance due to illness, participants may reschedule to a later course at no charge if supported in writing by their organisation.

IDENTIFYING INFORMATION

Information collected on this form is used for registration purposes by Comcare and may also be used to distribute information about other Comcare activities.

COMCARE RIGHTS AND RESPONSIBILITIES

Comcare Learning and Development Solutions reserve the right to cancel a course if necessary. If a course is cancelled, we will make every effort to contact you. We also reserve the right to adjust costing if required.

CERTIFICATE IV ENROLMENT FORM IS AVAILABLE ONLINE.

PUTTING YOU *FIRST*

COMCARE LEARNING AND DEVELOPMENT SOLUTIONS

COURSE REGISTRATION FORM / TAX INVOICE

ABN 41 640 788 304

HOW TO APPLY Complete the form below and return by:

FAX: 02 6274 8705

POST: GPO Box 9905, Canberra ACT 2601

EMAIL: learning.development@comcare.gov.au

This form becomes your tax invoice when paying by credit card or cheque.

COURSE DETAILS

Course name: _____

Date: ____ / ____ / ____ City: _____

YOUR DETAILS

Name: _____

Title (Mr/Mrs/Miss/Ms/Other)

Family Name

First Name

Organisation: _____

(Including ARP number if applicable)

Classification—title/position: _____

Postal address: _____

State: _____

Post code: _____

Telephone: _____

Mobile: _____

Email: _____

Fax: _____

I understand and accept the terms and conditions of this registration.

Signature: _____

Date: _____

SPECIAL NEEDS

Please note any special needs (physical, dietary, sensory, or access requirements etc)

PAYMENT OPTIONS

Invoice Cheque (please send with registration)

Invoice address (if different from above)

State: _____

Post code: _____

Credit card details: Visa Amex Mastercard

Credit card number: _____

Card expiry date: _____

Card holder name: _____

Card holder's telephone: _____

Card holder's signature: _____

PAYMENT DETAILS

Total course fee: \$ _____

- Prices quoted in Australian Dollars and are inclusive of GST.
- **Once completed this form becomes a TAX INVOICE** (if payment is made by credit card or cheque).
- Please note: No payments will be processed (from credit card or other options), until after a course has been delivered. Cheques will be returned should a course be cancelled.

Where did you find out about this course?

Website: Calendar: LDS email: National seminar:

Comcare Conference: Other: