ISO 20807 Post Weld Heat Treatment Course Enrolment Form

STUDENT DETAILS							
Student Name ¹ :		Date of Birth: / /					
Address ¹ :		State:					
Suburb/City:		Post Code:					
Phone:	Fax:	Mobile:					
Student Email ² :							
Payment of Fees by: Student Company							
COMPANY DETAILS – only required if Company is responsible for payment of fees							
Company Name:							
Company Billing Address ¹ :		State:					
Suburb/City:		Post Code:					
Email for Invoice:							
Company Telephone:							
Company Purchase Order No: (Only for Approved Purchasers)							

¹ The name and address supplied above will be used for all correspondence including certificates and letters of results.

² Where possible, it is our preference to email all course enrolment details to both student and company.

Where supplied, Invoices will be emailed to the company email address.

COURSE DETAILS

Course	Venue	Dates	Fees	
ISO 20807 Post Weld Heat Treatment				

I understand the following conditions of enrolment and acknowledge by my signature:-

- This Enrolment is subject to the scheduled course proceeding. In the unlikely event that this course(s) is cancelled, all monies paid to ATTAR will be refunded in full.
- I have read and I understand the ATTAR Student Handbook.
- I meet the pre-requisites to attend this course per the table below.
- I will not be allocated a place on my nominated course(s) until all course forms have been completed and course fees have been paid in full.

Course Name	Pre-requisites
Post Weld Heat Treatment	Materials Engineering (Multisector) Or Introduction to Post Weld Heat Treatment

* LL&N = Language, Literacy and Numeracy

Student Signature: _____

Date of Birth: / /

ATTAR



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Stude	ent Name		Date of Birth:	1	1			
	MENT DETAILS	Company	Student					
l wisł	n to pay my course fees of \$ _							
by:	(please tick payment me	ethod)						
	Company Purchase Order – Only applicable if you are an approved Purchaser. A copy of the Company Purchase Order for the full course fee must be supplied with this Enrolment Form							
	Direct Deposit (Details Below) Name of Account: Account Number: BSB No: Bank: Reference:	Engineering Materials Evaluation 02-785-2676 083-004 National Australia Bank Ltd SURNAME AND COURSE ABBF	·	h PWF	HT)			
	Please forward notification of payment to Email : training@attar.com.au							
	Cheque/Money Order payable Postal address:	to: ATTAR 44 – 48 Rocco Drive, Scoresby	/ VIC 3179					
	Credit Card: Please contac	t our office to provide your credit ca	rd details					

Cancellation, Transfer & Refund Policy (Summary):

- a) For a full refund of fees, all cancellations or transfer requests must be received in writing at least 14 calendar days prior to course commencement.
- b) Any cancellations or transfer requests received within 3 14 calendar days of course commencement will result in an Administration fee of \$250.00 with the balance of fees to be transferred to a future course scheduled no later than 1 year after the original course dates.
- c) Any withdrawal or cancelation within 3 calendar days of course commencement (or during course) will result in forfeiture of all fees.
- d) A copy of the full **Cancellation, Transfer & Refund Policy** can be downloaded in the download section of <u>www.attar.com.au</u> or by contacting us.

Privacy Statement (Summary): ATTAR recognises that the privacy of customer personal information is paramount. ATTAR manages your personal information in accordance with the National Privacy Principles relevant to our business. A copy of the full **Privacy Policy** can be downloaded in the download section of <u>www.attar.com.au</u> or by contacting the General Manager of NDT and Training.

Before submitting this Course Enrolment Form to ATTAR, please check the following:-

- I have signed and dated each page of this Student Enrolment Form.
- I have completed the payment details required.
- My Name and Date of Birth are clearly legible on each page.

Enrolments cannot be accepted unless all pages have been completed and full payment supplied