

COMPUTED & DIGITAL RADIOGRAPHY LEVEL 2 Course Enrolment Form

STUDENT DETAILS PLEASE USE BLOCK LETTERS

Student First Name ¹ :		Date of Birth: / /
Student Surname ¹ :		
Address ¹ :		
Suburb/City:	State:	Post Code:
Phone:	Mobile:	
Student Email ¹ :		
Payment of Fees by: <input type="checkbox"/> Student <input type="checkbox"/> Company By default, where course fees are paid by the company, course feedback and results may be provided to the student's employer, without prior consent. If you do not wish this to happen please initial the box to the right.		

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

COMPANY DETAILS – only required if Company is responsible for payment of fees

Company Name:		
Billing Address:		
Suburb/City:	State:	Post Code:
Contact Name:	Email:	
Email for Invoice:		
Telephone:		
Company Purchase Order No: (Only for Approved Purchasers)		

COURSE DETAILS

Course	Venue i.e. Melbourne or Perth	Dates	Total Course Fees Payable
Computed & Digital Radiography Level 2			\$

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.
- Satisfactory completion of an ATTAR training course is only part of the process that may be required for attaining certification. For further information on gaining or applying for certification please refer to the Australian Institute for Non-destructive Testing (AINDT)
- This course includes AINDT exams (where applicable). For all exams, my results and details may be supplied to the AINDT.
- 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.
- I acknowledge the pre-requisites for this course as detailed on page 2.

Student Signature:	Date: / /
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