



**IKON INSTITUTE
OF AUSTRALIA**
LEARNING WITH A DIFFERENCE

Application Information

Thank you for contacting the IKON Institute about our courses. To apply for a place in one of our course offers, please complete and sign the attached forms and return them to the IKON Institute as soon as possible prior to your course start date. Applications that meet entry requirements are allocated in order of receipt, so please ensure you send in your application as early as possible to secure your place. Please ensure you read the Terms and Conditions of Enrolment and IKON Student Policies available on the IKON website at the link below carefully so that you are fully informed of your rights and responsibilities.

<http://ikoninstitute.edu.au/students-2/policies-procedures-forms/>

Steps to help you apply:

1. Complete ALL the following application forms and attach required evidence to support your application.

- Application for Enrolment Form – ensure ALL questions are answered to avoid your application being delayed or rejected
- Provided your Unique Student Identification number (USI) usi.gov.au.
- Terms and Conditions of Enrolment – please read carefully so you are fully informed of IKON’s withdrawal policy and your refund rights and sign
- Agreement to Pay Fees Form
- Signed Direct Debit Form*
** The Direct Debit Form is only required if you are paying your fees by instalments.*
- Confidential Questionnaire – ensure ALL questions are answered

2. Submit your completed application form

You can post or hand deliver your forms to:

IKON Institute of Australia

Enrolments Officer

Level 1, 77 Jetty Road, Glenelg, SA, 5045 OR;

Scan and email your completed application forms to: admissions@ikoninstitute.com.au

3. What happens next?

- 1) An Enrolments Officer will email you to confirm receipt of your application forms.
- 2) All applications are subject to an assessment prior to acceptance into the course, we will review your Application for Enrolment and phone you to ensure you are fully informed about the course expectations and feel ready to commence the course.
- 3) Upon acceptance into the course, you will then receive a Confirmation of Enrolment email detailing dates and course information. These will be issued as soon as the course is confirmed to proceed.

If you have any queries about your course or the application process, please don’t hesitate to contact the institute by phone on 08 8350 9753 or by email at admissions@ikoninstitute.com.au.



Application for Enrolment Form

Course Code and Course you are enrolling in:			
<input type="checkbox"/> FSK10113 Certificate I in Access to Vocational Pathways	<input type="checkbox"/> FSK10213 Certificate I in Skills for Vocational Pathways	<input type="checkbox"/> FSK20113 Certificate II in Skills for Work and Vocational Pathways	<input type="checkbox"/> HLT51507 Certificate IV in Kinesiology
<input type="checkbox"/> CHC40412 Certificate IV in Alcohol and Other Drugs	<input type="checkbox"/> CHC40413 Certificate IV in Mental Health	<input type="checkbox"/> CHC40513 Certificate IV in Youth Justice	<input type="checkbox"/> CHC40413 Certificate IV in Youth Work
Commencement Date: / /		GROUP CODE:	
Personal Details Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other:			
Given Name:	Middle Name:	Residential Address:	
Surname/Family Name:	Preferred Name:	Suburb:	
Date of Birth: / /	Gender:	State:	Postcode:
Email:		Postal Address <i>(if different from above)</i> :	
Home Phone:	Work Phone:	Suburb:	
Mobile:	Occupation:	State:	Postcode:
Emergency Contact Details			
Contact 1 Name:	Relationship:	Phone:	Mobile:
Contact 2 Name:	Relationship:	Phone:	Mobile:
Employment Status Of the following categories, which best describes your current employment status? (Tick ONE box only)			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Unemployed – not seeking employment
Citizenship			
Country of birth:	Year of arrival in Australia:	Visa Classification <i>(if applicable)</i> :	
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ATSI Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			
Language Language spoken at home:		Proficiency in spoken English: <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
Disabilities Do you have a disability, impairment or long-term medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, would you like to meet with our staff to discuss support services, equipment and facilities, which may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate areas of impairment:			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical/Mobility	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other:

Your Education SECONDARY EDUCATION Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your highest completed school level? <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		POST-SECONDARY EDUCATION Have you SUCCESSFULLY completed any of the following qualifications <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then tick any applicable boxes: <input type="checkbox"/> Postgraduate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Other: _____ Year completed: _____	
Which year did you complete that school level?		Name of highest tertiary qualification achieved:	
Secondary School you attended:		Tertiary institution where qualification was completed:	

Your Parents' Education*
 What is the highest level of education COMPLETED by your parent/guardian? (tick one)

Parent/Guardian 1: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian <input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship) <input type="checkbox"/> Completed year 12 schooling <input type="checkbox"/> Completed Year 10 schooling but not Year 12 <input type="checkbox"/> Didn't complete Year 10 schooling <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	Parent/Guardian 2: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No parent/guardian <input type="checkbox"/> Postgraduate qualification (eg. Grad Dip, Masters, PhD) <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Other post-school qualification (eg. Diploma, apprenticeship) <input type="checkbox"/> Completed year 12 schooling <input type="checkbox"/> Completed Year 10 schooling but not Year 12 <input type="checkbox"/> Didn't complete Year 10 schooling <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
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**The Australian Government Department of Employment, Education and Workplace Relations require this information for statistical purposes.*

Reason for study
 Please tick ONE box only

<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> For personal interest and/or self development
<input type="checkbox"/> Other:		

Are you seeking Recognition For Prior Learning (RPL)? Yes No
Please attach an application for RPL with supporting evidence (this can be downloaded from the website).

A Department of Communities and Social Inclusion and/or national criminal history check may be required for you to undertake your work placement and successful complete the course.

Do you expect to have any disclosable court outcomes recorded on either of the above? Yes No

USI: A USI is a government reference number made up of numbers and letters that gives students access to your USI account. The USI number will be the same during your entire study life – Keep it safe for future reference! You can create your own USI by visiting the website usi.gov.au.

My USI number is:
Permission to Validate and View your USI
 I give IKON Institute the permission to validate the USI number, view my personal and contact details and view my training records.

DECLARATION
 I have read and understood the IKON Institute's Policies, Procedures, the Code of Practice and the Student Orientation Handbook at <http://ikoninstitute.edu.au/>
 I understand all courses need to meet the minimum number of enrolments before a Confirmation of Enrolment is issued.
 The information I have provided in my application is true and accurate and the evidence I have provided is authentic

If completing electronically please check yes box below. By entering my name and checking 'Yes' I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.

Yes

Signed (applicant): _____ Dated: / /

OFFICE USE ONLY	Item	Date:	Staff:
	RECEIVED, Update CRM:	/ /	
	APPROVED (Circle): YES NO	/ /	
	CONFIRMATION OF ENROLMENT:	/ /	
	STUDENT ID:	CHESSN:	



Confidential Questionnaire

Thank you for your application to enrol in an IKON course.

The data you provide is *completely confidential* and is used only to inform us of your interests and life situation so that we can assess your suitability to undertake the course with the goal of you being successful in your studies.

Applications submitted without a completed Confidential Questionnaire will not be accepted.

First/Given Name:	Last Name:
<p>1. How did you find out about the IKON course you are applying for?</p> <p>Were you referred by an IKON Student or Graduate? If yes, please include their name so we can thank them.</p>	
<p>2. What attracted you to the course?</p>	
<p>3. What do you hope to attain from the course?</p>	
<p>4. How would you describe yourself; personality, health and wellbeing at this time in your life (physical and psychological)</p>	
<p>5. Are you receiving any medical, psychological or other help currently? Please describe the type of assistance you are currently receiving (eg. Counselling, psychologist, medication)</p>	

6. Please describe your work arrangements (if applicable) that will allow you to attend classes week-days, evenings and/or weekends, and your available time to undertake self-directed learning.

7. Do you have any other special needs that need to be taken into consideration?

8. Computer literacy – Study with IKON Institute requires a basic level of computer literacy. Please indicate below which best describes your skill level for each of the following:

	Poor	Basic	Moderate	Advanced	Your Comments
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powerpoint presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internet browsing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in video conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Do you have access to a reliable computer? Yes No

10. Do you have access to a reliable internet/broadband connection? Yes No

11. On a scale of 1-10 (with 10 being highly motivated) please indicate how motivated are you to study this course?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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How motivated are you to grow personally?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
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By entering my name and checking 'Yes' I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.

Yes

Signed (applicant): _____ Dated: / /

Thank you for taking the time to answer these questions.
 The questionnaire is designed to help you achieve success in your studies and your responses will help us to serve you throughout our time together.
 Again, this information is strictly confidential.



Terms and Conditions of Enrolment

All applicants must read and agree to these terms and conditions prior to enrolling in the course.

Payment of fees:

- The student agrees to pay the tuition fees and additional charges in accordance with the 2016 Fee Schedule.
- Fees may be paid directly to IKON Institute of Australia or deferred through the Commonwealth Government's VET FEE-HELP student loan scheme.
- Payment of semester/module tuition fees in full OR your signed direct debit agreement OR your completed Application for VET FEE-HELP form must be received no later than the **ENROLMENT CLOSING DATE** as published on the IKON Institute website.

Withdrawal/deferral from units of study (Refer to Deferral and Withdrawal Policy at www.ikoninstitute.com.au).

- All applications for withdrawal/deferral from units of study must be submitted on the prescribed withdrawal/deferral form and addressed to the Education Support Officer **(08) 8350 9753**

For deferral/withdrawal on or before the Unit of Study Census Date.

- VET FEE-HELP students: provided that correct formal withdrawal procedures have been followed, including submitting a completed Application for Deferral/Withdrawal Form to the Education Support Officer prior to the census date for the unit(s) of study, the student will not incur a VET FEE-HELP debt for that unit of study.
- For other students: Within 28 days of receiving notification of withdrawal, the IKON Institute of Australia will issue the student with either a refund for overpaid tuition fees or a 30 day invoice for tuition fees still outstanding. Alternatively, unused tuition fees paid can be held in credit for a maximum of 14 months in accordance with terms and conditions of enrolment. Deferred fees held in credit that are not used for tuition at the IKON Institute of Australia within 14 months will be forfeited.

For withdrawal/deferral after the Unit of Study Census Date.

- For VET FEE-HELP students: If the student has requested VET FEE-HELP assistance for their study, they will incur a VET FEE-HELP debt for tuition for the unit(s) of study and will be legally required to repay this debt. In cases of special circumstances* preventing completion of the unit(s) of study, the student can apply in writing to the IKON Institute of Australia within 2 months of why to have the VET FEE-HELP debt re-credited proportionate to the unused tuition period.
- For all other students: No tuition fee refund is payable for withdrawal/deferral after the unit of study census date and tuition fees remain due and payable by the student. However in cases of special circumstances* preventing completion of the unit(s) of study, the student can apply in writing to the IKON Institute of Australia within 2 months of the census date to have the unused portion of fees refunded.

*Special circumstances are outlined in the Deferral and Withdrawal Policy, which is available from Ikon Institute administration office (Ph: 08 8350 9753) and published at www.ikoninstitute.com.au.

Non-Attendance

- No refund or release from financial commitment will be granted for non-attendance.

I have read and understood the above Terms and Conditions of Enrolment and hereby agree to them in full:

By entering my name and checking 'Yes' I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.

Yes

Signed (applicant):

Dated: / /

Fee Protection

Student fees are protected by Australian Government recognised Tuition Assurance Scheme through the Australian Council for Private Education and Training (ACPET).

In the unlikely event that Ikon Institute defaults and is unable to provide a course of study or continue a course of study, ACPET will arrange for students to enrol in a similar course of study and receive full recognition for any successfully completed units of study already undertaken.

Under these circumstances, students will not be charged for any unit of study they have already paid for at Ikon Institute.



Agreement to Pay Fees

(Student's name):		
Of (street address):	Suburb:	Postcode:

hereby apply to enroll in the following course (please tick):
<input type="checkbox"/> FSK10113 Certificate I in Access to Vocational Pathways \$ <input type="checkbox"/> FSK10213 Certificate I in Skills for Vocational Pathways \$ <input type="checkbox"/> FSK20113 Certificate II in Skills for Work and Vocational Pathways \$ <input type="checkbox"/> HLT51507 Certificate IV in Kinesiology \$ <input type="checkbox"/> CHC40412 Certificate IV in Alcohol and Other Drugs \$ <input type="checkbox"/> CHC40413 Certificate IV in Mental Health \$ <input type="checkbox"/> CHC40513 Certificate IV in Youth Justice \$ <input type="checkbox"/> CHC40413 Certificate IV in Youth Work \$

I agree to pay the course fees in the following way (please tick one):
<input type="checkbox"/> Payment in Full <input type="checkbox"/> Payment by bank account direct debit monthly installments <input type="checkbox"/> Payment by credit card direct debit monthly installments

<input type="checkbox"/> I also agree to keep IKON informed by the 1 st of the month if my financial circumstances change in ways which will affect my fee-paying arrangements. <input type="checkbox"/> I agree that I may not be allowed to continue with the course in which I am enrolled and will incur a 'default fee' if I default on payments without valid excuse or without reasonable prospects of IKON being able to retrieve my fees within the same month and that the decision is in the hands of the Directors of IKON. <input type="checkbox"/> I agree that if I defer from my studies at anytime, all fees incurred up to the point of deferral must be paid upon deferral.

By entering my name and checking 'Yes' I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.	
<input type="checkbox"/> Yes	
Signed (applicant):	Dated: / /

PLEASE RETURN THIS FORM with your FEE-HELP form or Direct Debit Request form
TO: IKON Institute of Australia Level 1 / 77 Jetty Rd GLENELG, SA 5045 E admissions@ikoninstitute.com.au



Bank Account Direct Debit Request

Request to establish Debit Authority within the Direct Debit System

To be completed by the customer:

Financial Institution Name:

Institution Address:

State:

Postcode:

I/We

Customer Name(s) giving Direct Debit Request

Of

Customer Residential Address

Suburb

Postcode

Authorise **Proteus Technologies PTY LTD trading as IKON Institute of Australia**

ABN: 95 112 989 581

Direct Debit User ID No: 343186

to arrange for funds to be debited from my /our account, held with the Financial Institution identified above, as described in 'The Schedule' below.

The Schedule

Payment Details:

THE PAYMENT IS FOR:

Course Fees (Please tick)

- Certificate I in Access to Vocational Pathways - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate I in Skills for Vocational Pathways - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate II in Skills for Work and Vocational - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate IV in Kinesiology - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate IV in Alcohol and Other Drugs - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate IV in Mental Health - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate IV in Youth Justice - \$___ payable on 15th of each month for ___ months commencing on:
- Certificate IV in Youth Work - \$___ payable on 15th of each month for ___ months commencing on:

DAY: 15th MONTH:

YEAR:

Details of nominated account to be debited:

Account held in the name(s) of:

Financial Institution's BSB:

Account Number:

(Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 5).

Service Agreement

1. **Proteus Technologies trading as IKON Institute of Australia** (the “Debit User”) will debit the BSB / Account nominated in The Schedule of this Direct Debit Request as specified.
2. **Proteus Technologies trading as IKON Institute of Australia** will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
3. The customer(s) may request **Proteus Technologies trading as IKON Institute of Australia** to defer or alter the payment amount specified in the Schedule of this Direct Debit Request. Requests authorising these changes may be made by phoning or written advice to **Proteus Technologies trading as IKON Institute of Australia**. Customer(s) may change the:
 - Due Date of Payment (within the same month)
 - Payment Amount
 - Frequency of Payment

Customer (s) wishing to vary the drawing account details specified in The Schedule of this Direct Debit Request must provide signed authority for such changes to be effected.
4. In compliance with the Industry’s Direct Debit Claims Process, **Proteus Technologies trading as IKON Institute of Australia** will assist customer(s) disputing any payment amount drawn on the nominated BSB / Account in The Schedule of this Direct Debit Request. **Proteus Technologies trading as IKON Institute of Australia** will endeavor to resolve this matter within the industry agreed time frames. Customer(s) may visit any branch of their Financial Institution and complete a “Direct Debit System Claim Request” form to initiate the process.
5. **Proteus Technologies trading as IKON Institute of Australia** advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
6. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB / Account as nominated in The Schedule of this Direct Debit Request.
7. **Proteus Technologies trading as IKON Institute of Australia** advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day **Proteus Technologies trading as IKON Institute of Australia** will initiate the debit drawing on the next open business day. Customer(s) may direct processing inquiries to their Financial institution. A closed business day is defined as any calendar day on which the customer(s) financial institution is not open for direct debit processing. That is:
 - Weekends
 - Public Holiday – State
 - Public Holiday – National
8. Where an unpaid debit item is returned by the customer(s) financial institution, **Proteus Technologies trading as IKON Institute of Australia** will, apply an ‘Outward Dishonor Fee’ to the customer(s) account.
9. Customer(s) who wish to cancel this Direct Debit Request must notify **Proteus Technologies trading as IKON Institute of Australia** in writing by the 1st of the month of the scheduled debit drawing. This request may be directed to **Proteus Technologies trading as IKON Institute of Australia** or to a customer (s) Financial Institution.

Proteus Technologies trading as IKON Institute of Australia requests the customer(s) to direct all enquires, disputes requests for payment changes or cancellation directly to them.

Proteus Technologies trading as IKON Institute of Australia agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.

Authorisation

I / We have read and understood the ‘Direct Debit Request’, ‘The Schedule’ and ‘Service Agreement’ and acknowledge and agree to it.

I / We request this arrangement remain in force in accordance with ‘Direct Debit Request’, ‘The Schedule’ described above and in compliance with the ‘Service Agreement’.

By entering my name and checking ‘Yes’ I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.

Yes

Customer(s) Signature:

Dated: / /

Customer(s) Signature:

Dated: / /



Credit Card Direct Debit Request

Request to establish Credit Card Direct Debit Authority

To be completed by the customer:		
I/We _____		
Customer Name(s) giving Direct Debit Request		
Of _____		
Customer Residential Address _____	Suburb _____	Postcode _____
Authorise Proteus Technologies PTY LTD trading as IKON Institute of Australia ABN: 95 112 989 581 Direct Debit User ID No: 343186		
to arrange for funds to be debited from my /our credit card account, as described in 'The Schedule' below.		
By entering my name and checking 'Yes' I agree (having the same effect as a pen-and-paper signature) that I have accurately identified myself in this form and that I intend to accept and be bound by the information provided and received in this form.		
<input type="checkbox"/> Yes		
Customer(s) Signature: _____	Dated: / /	
The Schedule		
Payment Details:		
THE PAYMENT IS FOR:		
Course Fees (Please tick)		
<input type="checkbox"/> Certificate I in Access to Vocational Pathways - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate I in Skills for Vocational Pathways - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate II in Skills for Work and Vocational - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate IV in Kinesiology - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate IV in Alcohol and Other Drugs - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate IV in Mental Health - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate IV in Youth Justice - \$___ payable on 15 th of each month for ___ months commencing on:		
<input type="checkbox"/> Certificate IV in Youth Work - \$___ payable on 15 th of each month for ___ months commencing on:		
DAY: <u>15</u> th MONTH: _____	YEAR: _____	
Details of credit card to be debited:		
Card Details: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Holder Name: _____	
Card Number: _____	Expiry Date: /	
(Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See attached Service Agreement Clause 5).		