NDT for Managers & Supervisors Course Enrolment Form (Hands On Introduction to NDT)



<u> </u>	USE BLOCK LE		. 1 1		
Student First Name ¹ :		Date of Birth	n: / /		
Student Surname¹:					
Address ¹ :					
Suburb/City:	State:	Post Code:			
Phone:	Mobile:	Mobile:			
Student Email¹:					
Payment of Fees by: Student By default, where course fees are paid by the company, comployer, without prior consent. If you do not wish this to be a second address and little and the second feet to be a second address and little and the second feet to be a second f	nappen please initial the b	ox to the right.	dent's		
¹ The name and address supplied above will be used for al	·				
COMPANY DETAILS – only required i	f Company is respons	ible for payment of fees	i		
Company Name:					
Billing Address:					
Suburb/City:	State:	Post Code:			
Contact Name:	Email:				
Email for Invoice:					
Telephone:					
Company Purchase Order No: (Only for	Approved Purcha	sers)			
COURSE DETAILS					
Course	Venue	Dates	Fees		
NDT for Managers & Supervisors Hands on Introduction to NDT					
Pre-requisite Information While there are no examinations at the conclusion dumeracy capability as per our LL&N Policy. If y equirements, please download a copy of the LL come NDT methods involve the use of electropacemakers, Insulin Pumps, etc. Please contact This Enrolment is subject to the scheduled concelled, all monies paid to ATTAR will be I have read and I understand the ATTAR Studies.	ou are unsure wheth &N Self Assessment omagnetic fields. The ATTAR should you course proceeding. In refunded in full.	er you are currently ab located on our website is may affect electron have any questions or	ole to meet the LL e <u>www.attar.com.</u> nic devices inclu- concerns.		
Student Signature:		Date:	' /		

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Stud	dent name:			Date of birth:	1	1	
PAY	MENT DETAILS						
Payment of Fees by: (please tick)		ck) Com	pany	Student			
I wish	to pay my course fees o	\$					
by:	(please tick payment	method)					
	Company Purchase Order – Enrolment Form	A copy of the Company Pur	chase Order for the	full course fee n	nust b	e supplie	d with this
	Direct Deposit (Details Below) Name of Account: Account Number: BSB No: BSB No: Bank: National Australia Bank Ltd Branch: BISH No: Branch: Bra						
	Receipt Number - Plea	e write your receipt numb	er here				_
	Cheque/Money Order payab	e to: ATTAR, 1/64 Bridge	Road, Keysborou	ıgh, VIC 3173			
	Credit Card: Mastero	ard 🗌 Visa 🔲	AMEX*				
Card Numb	er			Exp Date		/	
			* CARD Se	ecurity Code			
Cardh	olders Name:		Cont	act Phone:			
Signa	ture:		Date	e:			

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.
- 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 www.attar.com.au 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 www.attar.com.au or by contacting the technical Director NDT.

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

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

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

Please forward your completed Enrolment form to – training@attar.com.au or fax 03 9574 6133