

Professional Beauty College of Australia

ENROLMENT FORM

PERSONAL DETAILS

Title: _____ Surname: _____ First Name: _____
Middle Name: _____ Date of Birth: _____
Address: _____ Suburb: _____
State: _____ Postcode: _____ Mobile: _____
Phone (A/H): _____ (B/H): _____

Are You Applying For Austudy/Youth Allowance/Abstudy?: Yes No

Email: _____

Do you have disabilities, allergies or take medication? Yes No

Details: _____

QUALIFICATION

Certificate Name: _____

Full Time Part Time Short Course

Date of Commencement: _____

- Please refer to enclosed information for training dates, fees and times. I am aware of the Professional Beauty College of Australia's Product Policy and Procedures Guide which is made freely available from administration.
- Deposits are non refundable unless a course is cancelled by Professional Beauty College of Australia, in which case the deposit is refunded.
- Students are liable for full course fees if they leave the course and do not complete within six months.
- Should I wish to apply for RPL, I agree to pay the daily fee to sit for assessments and tests.
- If I have arranged a payment plan with the Principal, I agree to pay the scheduled training fees by the due date (as detailed in your Professional Beauty College of Australia confirmation letter).
- I agree to complete a Literacy and Numeracy Test as required by Professional Beauty College of Australia.

Signature of Applicant: _____

Signature of Parent/ Guardian: _____

(If applicant under 18 years of age)

OFFICE USE ONLY

Date Received: _____

Student Number: _____

Amount Paid: _____

Entered By: _____

Cash Cheque Credit Card

Direct Deposit Mastercard Visa Bankcard

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Signature: _____

Expiry Date: _____ Name on Card: _____

There may be additional credit card charges imposed for some credit cards.

**Payment of a deposit must accompany enrolment form.
All information provided is for the sole purpose of
Professional Beauty College of Australia.**