



GippsTAFE - Short Course Application Form

Fax completed application to (03) 5133 6182

or mail to: GippsTAFE Short Course, PO Box 3279 GMC Morwell 3841

COURSE CODE	SESSION CODE	FEE	COURSE TITLE

PERSONAL DETAILS

Title: Mr Mrs Ms Miss

Surname: _____

First Name: _____

Address: _____

Suburb/City: _____ Postcode: _____

Phone (AH): _____

Phone (BH): _____

Mobile: _____

Date of Birth: _____

Email: _____

Have you previously studied at GippsTAFE? Yes No

Student Identification Number: (Office use only) _____

EMPLOYERS DETAILS (IF APPLICABLE)

Employer Name: _____

Contact Name: _____

Telephone: _____

Address: _____

Who is paying for the course? Company Learner

PAYMENT DETAILS

Cash Cheque Visa Mastercard

Card Number: _____

Expiry Date: _____

Cardholders Name: _____

Cardholders Signature: _____

DECLARATION

I declare that the information contained on this form is true and correct. I hereby agree to pay all fees and charges applicable to and arising from my enrolment and to abide by the policies and procedures of the Institute. I authorise the Institute (where applicable) to release my results for this enrolment to my sponsoring employer.

Signature: _____ Date: _____

Receipt Number: (Office use only) _____

For GST purposes, this document will become a tax invoice when paid in full. ABN 42624574808

GippsTAFE is required to apply the Goods and Services Tax (GST) on all courses not defined as an 'educational course' in the Goods and Services Tax Act. All liable courses include the GST in the advertised fee.