



Short Course Enrolment Form

Please complete this form and send with payment to:
OPEN CHANNEL, SHED 4, NORTH WHARF ROAD, DOCKLANDS 3008

PLEASE PRINT YOUR DETAILS CLEARLY

Course Title: _____

Starting Date: _____ Fee: _____

First Name: _____ Family Name: _____

Street: _____

Suburb: _____ State: _____ P/Code: _____

Phone (home): _____ Ph (work): _____

Mobile: _____ Email: _____

Date of Birth: _____ Gender: female / male

Are you a current OPEN CHANNEL member? yes/no Membership no: _____

Please send me membership information: yes/no

Optional questions to help OPEN CHANNEL in collating statistical information:

Country of Birth: _____ Year of Arrival in Australia: _____

Are you Aboriginal / Torres Strait Islander? yes/no

Do you speak a language other than English at home? If yes, please specify: _____

Do you have a disability or special needs? If yes, please specify: _____

How did you find out about OPEN CHANNEL?

Flyer / Brochure sent to me _____ Flyer/ Brochure in public (where?) _____

Word of mouth _____ Newspaper ad (specify) _____

Avant Card _____ Mag/street press (specify) _____

Channel 31 _____ Radio (specify) _____

OPEN LINE email _____ Website / Web search (specify) _____

Other (specify) _____

Conditions of Enrolment

OPEN CHANNEL reserves the right to cancel any course. If OPEN CHANNEL cancels a course all fees will be returned or may be transferred to another course. If you withdraw from or transfer to another course less than 14 days before the commencement of a course a 20% administration levy will be charged. There will be no refund once the course commences. Different enrolment conditions apply for accredited courses.

After sending your completed application form and payment to OPEN CHANNEL, you will receive a Confirmation of Enrolment Letter in the mail.

Payment Details

I have read the above enrolment details and agree to accept the conditions specified.

Signed: _____

Name (if different from course participant named above): _____

Payment can be made by Paymate via the OPEN CHANNEL website, or by phone, fax, mail, or in person at OPEN CHANNEL during business hours. Please make cheques payable to OPEN CHANNEL Cooperative Limited.

Payment by: Paymate Cash Cheque Money Order Eftpos

Card Num: _____ Visa Mastercard

Cardholder Signature: _____

Name on Card: _____ Exp Date: _____

OFFICE USE ONLY: last updated: 5/7/06

Enrolment form Complete?: _____

Date Applicant Confirmation of Enrolment Letter Sent: _____

Date Tax Invoice Sent?: _____ Receipt Num: _____

Course Code: _____ Entered by: _____

OPEN CHANNEL CO-OPERATIVE Ltd

SHED 4, NORTH WHARF ROAD
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