

# Enrolment Form

## To Enrol

Simply fill in the enrolment form and send it together with full payment to:

Royal Life Saving  
PO Box 28  
Floreat Forum WA 6014

Ph: 9383 8200 Fax: 9383 9922  
Country Callers: 1800 800 435

Payment can be made by cheque, money order or phone and enrol using our credit card payment service, or online [www.rise.com.au](http://www.rise.com.au)

## Enrolment Form

Mr  Ms  Miss  Mrs  (tick one box)

Name: .....

Address: .....

.....Postcode: .....

Telephone: (H)..... Telephone:(W): .....

Email: .....

Mobile: .....

Date of Birth..... Male  Female

Course Name:.....

Course Venue: .....

Course Date:.....

## Medical Condition / Medications

**Is there any known reason, medical or otherwise, that would limit your ability to participate in this training program?**

Yes  No  (tick one box)

If YES, please specify:

.....

.....

### Person to contact in case of an emergency:

Name: .....

Telephone: .....

Signed: ..... Date: .....

## Optional Questions



### 3. Are you of Aboriginal or Torres Strait Islander Origin?

No  Yes, Torres Strait Islander  Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

### 4. Do you consider yourself to have a disability, impairment or long-term condition?

Yes  No

If YES, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area)

Hearing/Deaf  Physical  Intellectual  Learning

Mental Illness  Acquired Brain Impairment  Vision

Medical Condition  Other

### 8. What is your main reason for undertaking this training program?

To get a job  To start/develop my own business

To get a promotion/improve career

To start a different career

Extra skills/requirement of my current job

To participate in another course at TAFE or University

For interest or personal development  Other

**Student's Signature:**

**Date:**

## Payment Details

Enclosed is my cheque/money order for \$ \_\_\_\_\_

**or please debit my credit card:**

Cardholder's name: \_\_\_\_\_

Credit card type:  Visa  MasterCard

Amount: \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Card expiry date: \_\_\_\_/\_\_\_\_

**Signature:**