



## Course Enrolment Form

Mr Mrs Ms Miss

Family Name

Given Names

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age:

Gender: Male

Female

Address:

State

Country

Postal Code

Telephone:

Email:

## Educational Qualifications

## Course Information

Course name:

## Other Information

How did you learn about Health Academy?

Website

Exhibition

Advertisement

Others

□

Payment Options   

Option 1: 1 Payment of \$1220

Option 2: 6 monthly Payments of \$220 (if choosing this option please sign below)

Option 3: Deposit of \$ 250 and 25 Weekly Payments of \$50 (if choosing this option please sign below)

I declare that I will pay Health Academy Australia the sum of \$ 1320.00 in 6 monthly part payments of \$ 220 if I chose option 2 or if I chose Option 3 \$1500 in 25 weekly payments of \$50 plus a deposit of \$250.

Student Signature

**Credit Card:**

Card no :

Expiry date: \_\_/\_\_/\_\_

CVV/CVV2

Name on the Card:

Amount:

Signature:

**Student Declaration**

I agree that the information I have supplied in this application and documentation supporting the application is true and correct. I have read, understood and agree to the [terms and conditions](#).

Student Signature