

# The Document Control Professionals LEARNER ENROLMENT FORM

1. PERSONAL DETAILS
Title: (Please select) Mr Mrs Miss Miss Dr Other Family Name:
Given Names:
Postal Address:
Mobile:
Email:
Date of Birth Gender:
2. COURSE DETAILS
Name of course enrolling in:
Date of course commencement:
3. EMPLOYER DETAILS (IF EMPLOYER PAYING)
Business Name:
Contact Name:
Address:
Telephone:
4. METHOD OF PAYMENT (select a payment method and complete relevant fields)
Employer Funded - Employer to provide payment details.
□ Direct Deposit [allow 5 days clearance]  Bank: NAB Account Name: Deborah Wilson  BSB: 086-835 Account Number: 567809804
Credit Card - All credit card payments shall incur an additional 2.5% bank fee.
Card No:
Expiry Date:       /
Name on Card:
Signature:

Form Revision: 7
Revision Date: 06/11/2023
FRM-ZE-TRN-001
Page 1 of 2



## The Document Control Professionals

### **ENROLMENT INFORMATION**

# 1. FEES AND ENROLMENTS

- Course fees must be received in full, and cleared where appropriate, **prior** to receiving enrolment login details for the course.
- All credit card payments shall incur an additional 2.5% bank fee.

#### 2. CONFIRMATIONS

Registration confirmations are issued to learners prior to the course commencement date by email.

### 3. CANCELLATIONS/REFUNDS

- If a course is cancelled by The Document Control Professionals prior to commencement, all learners will be offered a full refund.
- If a learner who has been funded by their employer withdraws from a course(s) or ceases to be employed by the employer, the learner will need to discuss the arrangements in place for this with that employer. A refund from The Document Control Professionals, shall not apply.
- Once payment has been received and the learner has been issued log in details no refund shall be granted.

# 4. PRIVACY

- Learners information shall remain confidential to all parties unless written authorisation is provided to share such information.
  - o An employer paying for an employee's course does not warrant such authorisation.
- All Certificates of Completion shall be sent to the learner direct.
- No personal information is shared with any other parties.

The above conditions apply to all parties and are not negotiable.

The Document Control Professionals

PO Box 5662 Cable Beach WA 6726 0409 087 632 enrolments@documentcontrolprofessionals.com.au

Form Revision: 7 FRM-ZE-TRN-001
Revision Date: 06/11/2023 Page 2 of 2