

The Document Control Professionals LEARNER ENROLMENT FORM

1. PERSONAI	L DETAILS					
Title: (Please select)	Mr 🗌	Mrs 🗌	Miss 🗌	Ms 🗌	Dr 🗌	Other 🗌
Family Name:						
Given Names:						
Postal Address:						
Date of Birth _				Gender: _		
2. COURSE D	ETAILS					
Name of course	enrolling in: _					
Date of course of	commenceme	ent:				
3. EMPLOYER	R DETAILS (IF E	MPLOYER PA	AYING)			
Business Name:_						
Contact Name:						
Address:						
	Telephone:					
4. METHOD C	OF PAYMENT (select a pay	yment metho	d and comp	lete relevant	fields)
Employer Fun	ded – Employ	er to provic	de payment o	details.		
Direct Deposi Bank: NAB BSB: 086-835		Ac				
Credit Card –	All credit car	d payments	s shall incur a	n additional	2.5% bank fe	e.
Card No:						
Expiry Date:		CVV	No:[] [] []	Card: M	C 🗌 Visa 🗌	AMEX 🗌
Name on Card	d:					
Signature:						

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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

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