

# Industry Specific Needs Training Booking Form



Section 1. Contact Details											
1.1	Family Name										
1.2	Given Name										
1.3	Organisation										
1.4	Position										
1.5	Street Address										
1.6	City/Suburb										
1.7	State										
1.8	Postcode										
1.9	Mobile										
1.10	Phone										
1.11	Fax										
1.12	Email	@									
Section 2. Personal Details											
2.1	Is English the language usually spoken at home?				Y	<input type="checkbox"/>				N	<input type="checkbox"/>
<i>Skip to 2.3 if answered YES</i>											
2.2	How well do you speak English? (please choose)										
	Very Well	Well			Poor			None			
2.3	Do you have a disability?				Y	<input type="checkbox"/>				N	<input type="checkbox"/>
<i>Skip to Section 3 if answered NO</i>											
2.4	Please select from the following conditions										
	Hearing					Medical Condition					
	Intellectual					Mental Illness					
	Visual					Brain Impairment					
	Physical					Learning					
	Other (please specify)										
2.5	Do you require assistance with your disability?				Y	<input type="checkbox"/>				N	<input type="checkbox"/>
Section 3. Course Enrolment Details											
3.1	Course Code										
3.2	Course Title										
3.3	Course Fees										
3.4	Course Date										
3.5	<b>Course Location (please choose)</b>										
	Hawthorn					Croydon					
	Altona					Unknown					
	Other (please specify)										

### Section 4. Payment Option (choose one)

4.1	Credit Card (please complete Section 5)	<input type="checkbox"/>
	Cheque (please complete Section 6)	<input type="checkbox"/>
	Invoice - must provide ABN and Order Number (please complete Section 7)	<input type="checkbox"/>

### Section 5. Credit Card Details

5.1	Card Type	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
5.2	Card Number		
5.3	Exp Date MM/YY		
5.4	Name on Card		
5.5	Signature		

### Section 6. Cheque Payment

6.1	Cheque Date	
6.2	Cheque Number	

Make payable to "Swinburne University"

### Section 7. Invoice Details

7.1	PO Number #	
7.2	ABN Number	
7.3	Account Contact	
7.4	Total Amount	
7.5	Organisation	
7.6	Address	
7.7	Suburb	
7.8	Postcode	
7.9	Phone	
7.10	Fax	
7.11	Email Address	

### Section 8. Conditions

8.1	WorkSafe can contact me regarding participation in this course	Y <input type="checkbox"/>	N <input type="checkbox"/>
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### Section 9. Authorise

By signing below, I agree to Swinburne University's Privacy policy ([www.swinburne.edu.au/privacy.htm](http://www.swinburne.edu.au/privacy.htm)) and COHST's cancellation policy ([www.swinburne.edu.au/cohst/terms-conditions.html](http://www.swinburne.edu.au/cohst/terms-conditions.html)).

9.1	Date (dd/mm/yyyy)	
9.2	Signature	

#### COHST Office Use Only

Date Received		Date Entered:		Completed by:	
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