



Course Application Form

To enrol in a course, complete this application and forward it together with the full payment to

The Melbourne College of Hair and Beauty
244 Flinders Street, Melbourne, Victoria 3000
ph. (03) 9650 1056 fax. (03) 9654 8573

Melbourne College
Hair and Beauty

Personal Details:

Surname: _____

First name: _____

Address: _____

Suburb: _____

Postcode: _____ Date of Birth: ___/___/___

Gender (please circle) Male Female

Phone (Home): _____

Work (Mobile): _____

Course Enrolment:

For information regarding Educational Standards, Mutual Recognition, Cancellations and Refunds, Trainee Grievances and our Training Guarantee, contact Melbourne College of Hairdressing and Beauty for a copy of our Code Of Practice, or you can view it on our website at www.mchob.com.au. Completion of this application indicates you have read and accepted these conditions.

Course Title:	Course Dates:
Cert IV in Training and Assessment	

Payment Details:

 (Please make all cheques payable to "Melbourne College of Hairdressing and Beauty")

Payment Method:

Cheque / Money Order

Cash

Credit Card

Card Type: Visa

MasterCard

Card holder's name: _____

Card No. _____/_____/_____

Card holder's signature: _____

Card Expiry _____/_____ Payment Amount \$

**** All credit card payments are subject to a processing fee of \$5.50 inc. GST. Please add this to the total amount of payment.**

Statistical Information:

As a Registered Training Organization we are required to obtain the following information on behalf of the State Training Authority in your State / Territory. This information will be treated in the strictest of confidence.

1. Are you of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, which country were you born? _____	7. Since leaving school have you COMPLETED any tertiary qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, then tick any applicable boxes. <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Advanced / Technician Certif. <input type="checkbox"/> Other Certificate <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Undergraduate Diploma <input type="checkbox"/> Degree or Post Grad. Diploma
3. Which language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other _____	8. Of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time / Casual employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid family worker <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part time work
4. Do you consider yourself to have a permanent and significant disability? If YES tick any applicable boxes. <input type="checkbox"/> Visual/sight/seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other <input type="checkbox"/> Physical	
5. What is your highest COMPLETED secondary school level? _____ Year completed _____	

OFFICE USE ONLY:

Date Received: _____ Confirmation Sent: _____ Receipt No: _____

Credit Card Payment:

Yes / No

C/C Processed: _____ Invoice Date: _____