

Please complete this form and return to:
 Mercy Health Training Institute
 67 Cade Way, Parkville Vic 3052
 Or Fax: 9261 2032



MERCY HEALTH TRAINING INSTITUTE

TRAINING ENROLMENT FORM

1. COURSE INFORMATION

Course Title	
Location	
Course Date and Time	

2. PARTICIPANT INFORMATION

(Please Print)

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
First Name				Last Name	
Residential Street address				Suburb	
State	Postcode	Phone	Mobile		
P.O. Box	Suburb	State	Postcode		
Email				Date of Birth	
Victorian School Number (VSN)					
Position at Mercy					
Department at Mercy					

3. PAYMENT DETAILS

(Please Print)

Course Fee \$					
CREDIT CARD PAYMENT					
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount to be debited				<input type="text"/>	<input type="text"/>
Cardholder's Name				Expiry Date	<input type="text"/> / <input type="text"/>
Cardholder's Signature				Credit card verification code (last 3 digits on back of card)	<input type="text"/>

INVOICE

<input type="checkbox"/> Invoice (Please send invoice to)	First Name	Last Name
Position	Organisation	
Department	Street address	
Suburb	State	Postcode
Email	Telephone	

COST CENTRE TRANSFER

Cost Centre Department	Cost Centre Number
Cost Centre Manager Name	Cost Centre Manager Signature

DIRECT DEBIT PAYMENT

Request and Authority to Debit	I _____ (full name) request and authorise Mercy Health Training institute to arrange, through its own financial institution, for any amount Mercy Health Training Institute may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User.
Insert name and address of financial institution of which account is held	
Insert name of account which is to be debited	
BSB Number	
Account Number	
Acknowledgement	By Signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Mercy Health Training Institute as set out in this request.
Payment Details	The amount of \$_____ to be debited
Insert your signature	
Insert your address	
Insert date	

4. FEES, REFUND AND CANCELLATION POLICY

1. Payment	Course fee payable at time of enrolment. Organisations can be invoiced with invoices to be paid in full within 7 days and prior to course commencement. A student is not considered enrolled until they have paid the course fee or deposit.
2. Withdrawals	When written notification of withdrawal from a course is received with more than 5 full working days prior to the course commencement, a full refund less a non-refundable administration fee of 25% of the full course fee. When written notification of withdrawal from a course is received less than 5 full working days prior to the course commencement date, a partial refund less 50% of the full course fee. No refunds will be issued on or after course commencement. For online learning, course commencement is considered to be when the student has logged into the Learning Management System and commenced the first unit.
3. Transfer	Notification of transfers to another course or course date with less than 5 full working days prior to the course commencement date will incur a transfer fee equal to 15% of the full course fee.
4. Cancellation	Mercy Health Training Institute reserves the right to cancel any course that does not have the required enrolment numbers or in the event of exceptional circumstances. A full refund or alternative course will be offered under these circumstances.

5. PRIVACY STATEMENT

Personal information you provide on this form is private and confidential and used solely for the purposes of our services to you with the exception of the national statistical database to inform future federal funding in Vocational Training. Your personal details will never be distributed to a third party without your consent.

The above information is true to the best of my knowledge. I accept the terms and conditions.

Participant signature		Date	
-----------------------	--	------	--

For further information

Website www.mhti.com.au

Tel 03 9261 2085

Email mhti@mercy.com.au