

# REGISTRATION FORM

Diploma of Counselling CHC51708

(please photocopy and submit to Dayspring Training Academy)

Name		D.O.B.	
Address		Phone contacts	1. 2. 3.
Email		Today's Date	
How you heard about the program			
Next of Kin (emergency)		Contact details	
Present Occupation		Time employed per week	
Character referees	1.  2.	Contact details	1.  2.
Payment Method Please tick	1. Cash 2. Credit card 3. F pos 4. Direct deposit 5. Bank cheque	Payment plan	Monthly \$
Bank or credit card details			
Declaration of payment guarantee	<p>I understand that there is a cooling off period of 2 weeks in this program of study. Any monies paid up front within this 2 week period, will be returned to me if I choose to withdraw from this program except the registration fee of \$650. I must return the student materials to Dayspring Training Academy for a partial refund of this registration fee of \$200. I understand that I am liable to pay a penalty fee in addition to costs already incurred to the provider in providing service for tuition if I enroll and have not provided WRITTEN notification of withdrawal within 14 days of signing this enrollment form. I understand that the full amount for this course is \$5,700.</p> <p><i>The viability of the course is dependent on each student committing to the timely payment of course fees after a commitment to the program.</i></p> <p>Signature:..... Date:..... Name (print)</p>		
Received in Office Date:		Invoice supplied date:	



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RTO:31905