



## Course Enrolment Form

Mr   Mrs   Ms   Miss

Family Name

Given Names

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age:

Gender: Male

Female

Address:

State

Country

Postal Code

Telephone:

Email:

## Educational Qualifications

## Course Information

Course name:

## Other Information

How did you learn about Health Academy?

Website

Exhibition

Advertisement

Others

Payment Options   

Option 1: 1 Payment of \$525 *(please note single payment option there is a discount of \$60.00)*

Option 2: 3 monthly Payments of \$195 **(if choosing this option please sign below)**

**I declare that I will pay Health Academy Australia the sum of \$ 585.00 in 3 monthly part payments of \$195**

Student Signature

**Credit Card:**

Card no :

Expiry date: \_\_/\_\_/\_\_

Name on the Card:

Amount:

Signature:

**Student Declaration**

I agree that the information I have supplied in this application and documentation supporting the application is true and correct. I have read, understood and agree to the [terms and conditions](#).

Student Signature