



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 \$2320 *(please note single payment option there is a discount of \$ 210.00)*

Option 2: 12 monthly Payments of \$210 **(if choosing this option please sign below)**

I declare that I will pay Health Academy Australia the sum of \$ 2530.00 in 12 monthly part payments of \$ 210.

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