



ENROLMENT FORM

Client ID Number: <i>(office use only)</i>		CIPSA Membership Number:	
Personal Details: <i>(PLEASE PRINT CLEARLY)</i>			
Title: Mr Ms Mrs Miss	Surname:	Given Names:	
Address: <i>(HOME)</i>			State
			Post Code
Telephone:	<i>(HOME):</i>	<i>(MOBILE):</i>	
Email:			
Occupation:			

Employer Details: <i>(PLEASE PRINT CLEARLY)</i>	
Employer Name:	
Employer Address:	
Telephone:	Fax:
Email:	

Enrolment Details: <i>(PLEASE PRINT CLEARLY)</i>		
COURSE NAME	TRAINING TYPE	COURSE START DATE PREFERENCE
	WORKSHOPS <input type="checkbox"/>	
	DISTANCE <input type="checkbox"/>	

Preferred Address for mail: Home Work

Prior Training/Education:		
Qualification Gained	Training Institution	Date

Recognition of Prior Learning (RPL) - Recognition of Current Competency (RCC)
<p>People who consider they already possess competencies for some or all of the units of a program will be granted credit on the substantiation of the claims. These competencies may have been gained through, formal or informal training or work or life experience.</p> <p>If you wish to apply for Recognition of Prior Learning or Recognition of Current Competency against an Endorsed National Training Package you will need to identify and list the units/modules for which you are applying on a separate sheet of paper to be attached to this enrolment form. SCMEA will discuss your application and the process with you in advance of the course starting.</p>

Employment History

Employer Name	Address	Position/s Held	Dates Employed

Access and Equity *(THIS INFORMATION IS OPTIONAL and WILL BE KEPT STRICTLY CONFIDENTIAL)*

SCMEA prohibits discrimination towards any group or individual in any form. If for any reason, including any medical condition or disability, literacy or numeracy concerns or cultural considerations, you think you may not be able to fully and effectively participate in the program please advise us. This will enable us to endeavour wherever possible to ensure your fullest participation.

- Brief Details:
 Not Applicable

Attendance Reasons *(this information will be kept confidential)*

People attend training programs for any number of reasons. To ensure you obtain the maximum benefit from the course please tick one of the boxes below or write your reasons for enrolling in this particular program

- enhance work prospects
 obtain a recognised qualification
 personal development
 career change
 other (please specify)

Payment Details

- Cash
 Cheque Enclosed
 Please Invoice my Employer *(details above or provide here)*
 Direct Credit: ANZ Account Number: 014 002 198480686 Supply Chain Management Education Australia
 Card (please tick one) Visa Mastercard Bankcard AMEX (3% surcharge applies)

Signature of Cardholder:

Name of Cardholder:

Expiry Date: /

Payment Amount: A\$

NOTE: Fees must be paid in full prior to course commencement unless prior arrangement with employer to pay direct

Signature

I hereby acknowledge that I have provided all relevant information above and that I have received a copy of the SCMEA payment and refund policy.

(CLIENT SIGNATURE)

(DATE)

OFFICE USE ONLY

- Enrolment Acknowledged Full Payment Received
 Invoice Sent Deposit Received
 Receipt Issued