

Student Registration Form

To register for a course, please complete this form and email it to enrol@thecareeracademy.com

By completing this form, you give The Career Academy permission to process an enrolment on your behalf at the course price as stated on our country specific website or as confirmed with your student advisor. On submission of this form, your application will be processed, and you will receive confirmation of your enrolment including your course login details within two working days.

Student Details

First Name

Middle Name

Last Name

Email

Phone Number

Date of Birth

Residential Address

Country of Birth

Residency Status

- Australian Permanent Resident or Citizen
 Work Visa
 Other

Course Name

Payment Details *(Please tick the method of payment and complete where required)*

- No Deposit, \$25 per week interest FREE Payment Plan

Account Holder Name

Bank Account Number

BSB

- I confirm that I have authority over this bank account, and that it can be operated severally.

State your preferred Direct Debit day

(Monday to Friday only)

- Pay in full via Credit Card

Name on Card

Card Number

Security Code

Expiry Date

- If you would prefer to pay by direct bank transfer, select this box and we will send you an invoice.

Additional Registration Details *(Please tick)*

- I have read and agree to The Career Academy's terms and conditions and student declaration.
 I have no medical conditions, learning difficulties or other conditions which may impact on my ability to complete my course.

Email this form to: enrol@thecareeracademy.com