

International College of Celebrancy

ENROLMENT FORM (Certificate IV in Celebrancy only)

Student Details

Title: Mr / Mrs / Miss / Ms / Other _____ Surname: _____

First Name: _____ Preferred Name: _____

Address (number & street): _____

Suburb: _____ State _____ Post Code: _____

Telephone: H () _____ W () _____ Fax () _____

Mobile: _____ Email: _____

Web-page (if any): _____ Skype (if any): _____

Gender: Male Female Date of Birth ____/____/____

May we share your contact details with other students ---- Yes No

Would you like to be part of the College-based e-mail group? ---- Yes No

Optional questions:

Country of birth? _____ Languages other than English? _____

Are you an authorized Celebrant? _____ Celebrant qualifications? _____

Tertiary Qualifications (if any) _____

Applicants must also provide a **250 word statement (approx.)** saying why they would like to be a celebrant. As well as giving us some background, this fulfils the government requirement of an English comprehension test. Please attach it to this Enrolment Form.

In applying for registration you agree to fulfil the assessment requirements with the utmost honesty and good faith – it must be your own work. You agree to abide by any decisions, assessments or rules as decided by the **International College of Celebrancy**.

Declaration

I declare that to the best of my knowledge and belief, the information contained on this form is correct and complete.

_____/____/____

Signature

Date

Continued overleaf

Your Name (Please Repeat) _____

Payment by Direct Deposit into our Bank Account (Surname in Reference Box- please email us that you have done so) **is preferred**. You may also pay by **Cheque (also preferred)** or Credit Card.

You can send your Visa / Mastercard (Amex) number by mail or, if you prefer, Fax it to 61-3-9419 0783 (03 9419 0783).

Certificate IV in Celebrancy only: Registration; \$250 +\$175 per Unit if you are paying for 13 units, \$185 per Unit if you are paying for a block of 4 or 5 Units, \$200 per unit if you are paying for one at a time. Please Tick or circle – see enquirers pack and elsewhere.

Compulsory Units	Compulsory Marriage	Funeral Units	Other Units
CHCADMIN305D	CHCEL402A	CHCCS426A	_____
CHCEL401A	CHCEL403A	SIFFNL003A	_____
CHCEL406A	CHCEL404A	SIFFNL009A	_____
CHCOM403A	CHCEL405A	SIFIND001A	_____
CHCCS400A			_____

1. Direct payment into our ANZ Bank Ac – Thunderbird Computing Pty Ltd:

BSB: 013412 Ac: 496142319

Date Deposited. First Word-Reference Panel Amount \$

OR

2. Cheque enclosed for \$..... to *International College of Celebrancy*

OR

3. Credit Card. I authorise deduction from Visa/Mastercard Card No (Amex also available)

Card Number: Expiry date

Total amount: Signature (if posted):

**Refund Policy see celebrancy.com and/or enquirers pack:
Especially re Refund**

Post to: The Registrar, Box 548, Richmond 3121 Victoria Australia

celebrants@netspace.net.au

Or Fax to: 03 9419 0783 (61-3-9419 0783)

Phone: 03 9419 0460

<p>Questions? Diane Storey 0417 106 275</p>
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