## COURSE DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course:  |       | Course Date :  |       |
| Course Location:  |       | Course Cost:  |       |

## STUDENT DETAILS

|  |  |
| --- | --- |
| Full Name:  |       |
| Email:  |       | Mobile: |       |
| Unique Student Identifier (USI) Number:  |       | Please check this box if you would like FMA to apply for a USI on your behalf: | [ ]  |
| Date of Birth |       |  |  |
| Emergency Contact Name:  |       | Emergency Contact Phone:  |       |

|  |  |
| --- | --- |
| Full Name:  |       |
| Email:  |       | Mobile: |       |
| Unique Student Identifier (USI) Number:  |       | Please check this box if you would like FMA to apply for a USI on your behalf: | [ ]  |
| Date of Birth |       |  |  |
| Emergency Contact Name:  |       | Emergency Contact Phone:  |       |

|  |  |
| --- | --- |
| Full Name:  |       |
| Email:  |       | Mobile: |       |
| Unique Student Identifier (USI) Number:  |       | Please check this box if you would like FMA to apply for a USI on your behalf: | [ ]  |
| Date of Birth |       |  |  |
| Emergency Contact Name:  |       | Emergency Contact Phone:  |       |

|  |  |
| --- | --- |
| Full Name:  |       |
| Email:  |       | Mobile: |       |
| Unique Student Identifier (USI) Number:  |       | Please check this box if you would like FMA to apply for a USI on your behalf: | [ ]  |
| Date of Birth |       |  |  |
| Emergency Contact Name:  |       | Emergency Contact Phone:  |       |

## COMPANY DETAILS

|  |  |
| --- | --- |
| Company Name:  |       |
| Contact Person:  |       | Mobile: |       |
| Email:  |       |

I have read, understood and agreed to Fluid Maintenance Australia’s Terms and Conditions, relating to this training course, as outlined in this form.

Company Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PAYMENT OPTIONS (please choose one)

Payment is required at least seven (7) days prior to the scheduled commencement of the training course.

[ ]  Check

Payable to;

Fluid Maintenance Australia

15 Chullora Bend Jandakot WA 6164

[ ]  Direct Deposit

Invoice to be sent after confirmed registration.

[ ]  Credit Card

Select card type: [ ]  Visa [ ]  MasterCard

Amount $

Card Number:

Name on card:

Expiry Date:

[ ]  Purchase Order

PO Number:        (Include copy of the Purchase Order with this registration form)

Email completed form to: hr@fma.net.au or fax to (08) 9417 8797

## TERMS & CONDITIONS – Fluid Maintenance Australia Training Courses

A signed registration form returned to Fluid Maintenance Australia’s office indicates that you have read and agreed to the terms and conditions set out below:

1. A place on any course is reserved only upon receipt of a signed training registration form accompanied by payment of course amount
2. Full payment for all training activities must be received seven (7) working days prior to commencement of the course
3. Fluid Maintenance Australia reserves the right to cancel or reschedule courses within seven (7) days notice. In the event of such cancellation, students can opt to have all pre-paid feeds refunded in full or credited towards the next available course.
4. In the event of customer cancellation, course fees shall be refunded in full provided at least 48 hours notice is given prior to course commencement. No refunds will be given in respect to customer cancellations received less than 48 hours notice prior to course commencement.
5. Fluid Maintenance Australia guarantees the booking however in unforeseen circumstances the course may be cancelled in which case we will notify the student for alternative arrangements.

Thank you for your interest in Fluid Maintenance Australia’s training services.

|  |  |  |
| --- | --- | --- |
| **Office Use Only** | **Customer Number:** |   |
| **Invoice Number:** |   | **Entered By & Date:** |  |
| **USI Numbers Verified:** |   |