

Gaye Cameron & Associates

ABN: 74 662 358 860
Phone: 0417 498 671
Facsimile: (02) 9011 2029
Email: enquiries@gayecameron.com.au
Web: <http://www.gayecameron.com.au>

Individual Enrolment Form

Section 1 - Applicant Details

Applicant's Name:						
Organisation Name: (if applicable)						
ABN:						
Postal Address:						
Suburb:		State:		Postcode:		
Telephone:		Facsimile:				
Mobile:		Email:				
Authorising Representative:		Authorising Signature:				
Have you completed training with Gaye Cameron & Associates before?					<input type="radio"/> Yes	<input type="radio"/> No

Section 2 – Training Course Details

Training Course Name and/or Code Reference:					
Training Start Date:		Training End Date:			

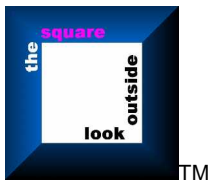
If your organisation is making the booking, do not complete Sections 3 and 4. Go to Section 5.

Section 3 – Payment Details

Please make cheques or money orders payable to: Gaye Cameron & Associates		
Payment Method:	<input type="checkbox"/> Cheque or Money Order	<input type="checkbox"/> Company Account <input type="checkbox"/> Electronic Funds Transfer
Electronic Funds Transfer Details:	BSB:: 012-077 Account No: 498839304 Account Name: Gaye Cameron and Associates	
If paying by cheque or money order, please post it with this Enrolment Form to Gaye Cameron & Associates, PO Box 57, Oatley NSW 2223.		

Section 4 – Invoicing Details

You will be issued with a Tax Invoice.	
Business Name of Applicant / Organisation for Tax Invoicing Purposes:	
Postal Address:	
Contact Person:	



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Section 9 – Optional (voluntary) Information to assist you

The information below will be used by Gaye Cameron & Associates to help us meet your training needs. All information is provided voluntarily and will be held securely and disposed of securely when no longer required.

<p>Do you speak a language other than English at home? <input type="radio"/> No, English only OR <input type="radio"/> Yes, I speak: _____</p>	<p>Do you consider yourself to have a disability, impairment or long-term condition? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>How well do you speak English? <input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all</p>	<p>If YES, then please indicate below: <input type="radio"/> Visual <input type="radio"/> Hearing / Deaf <input type="radio"/> Acquired Brain Impairment <input type="radio"/> Physical <input type="radio"/> Learning <input type="radio"/> Intellectual <input type="radio"/> Other <input type="radio"/> Medical Condition</p>
<p>Do you require help with English to complete this program? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Do you require assistance from our 'trainer' because of the above disability, impairment or long-term condition? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If YES, Gaye Cameron & Associates will contact you to discuss how we can help.</p>
<p>Do you have any other requirements: <input type="radio"/> Yes <input type="radio"/> No Please indicate: _____ _____</p>	<p>Which of the following BEST describes your current requirement? <input type="radio"/> To get a job <input type="radio"/> It is a requirement of my job <input type="radio"/> To start my own business <input type="radio"/> I want extra skills for my job <input type="radio"/> To try for a different career <input type="radio"/> For personal interest <input type="radio"/> To get a better job or promotion <input type="radio"/> For self-development <input type="radio"/> Other reasons _____</p>
<input type="radio"/> I do not wish to be contacted for marketing purposes.	

Thank you for completing the above details.