WEA ENROLMENT

PLEASE CHOOSE CAREFULLY. REFUND CONDITIONS APPLY.

HAVE YOU ENROLLED WITH THE WEA BEFORE? ☐ YES ☐ NO. IF POSSIBLE, GIVE YOUR WEA STUDENT NUMBER. WEA _ _ _ _ _ _

IF YOU ARE APPLYING FOR A DISC. OR CONC. FEE, PLEASE ENCLOSE COPY OF EVIDENCE.

COURSE No. ..... COURSE TITLE ..... START DATE ..... FEE: $ .....

COURSE No. ..... COURSE TITLE ..... START DATE ..... FEE: $ .....

COURSE No. ..... COURSE TITLE ..... START DATE ..... FEE: $ .....

TOTAL FEE PAYABLE: $ .....

ARE YOU ABLE TO BE A COMPANION TO A STUDENT WITH A DISABILITY? ☐ YES ☐ NO

FIRST NAME

FAMILY NAME

DATE OF BIRTH Day Month Year 1 9

☐ MALE ☐ FEMALE

Mr/ ..... Mrs/Miss/Ms/ .....

TELEPHONE (Day) .....

(Evening) .....

ADDRESS

POST CODE

EMAIL .....

OPTIONAL INFORMATION REQUESTED BY GOVERNMENT: ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? ☐ YES ☐ NO

IN WHAT COUNTRY WERE YOU BORN? ..... WHAT LANGUAGE DO YOU USUALLY SPEAK AT HOME? .....

☐ MASTERCARD ☐ BANKCARD ☐ VISA

CARD NUMBER

CARDHOLDER'S NAME ..... SIGNATURE ..... EXPIRY DATE: .....

Return with payment to WEA, Box 7055, Hutt Street PO, Adelaide 5000 or fax credit card enrolment to 8232 3690 but DO NOT confirm fax by post!