

Bill Healy International Travel and Tourism College
Registered Training Organisation No. 4625
Application for Enrolment

Schedule 1 – Course Details

1	Course	SIT30207 Certificate III in Tourism (International Retail Travel Sales) SIT40207 Certificate IV in Tourism (Sales and Marketing)
	Course commencement	23 February 2009 (Class days Monday to Thursday 10.00am - 4.00pm)
3	Course Conclusion	20 August 2009
4	Course Duration	Six Months [26 weeks]
5	Course Fees	*\$5950.00 Total *Includes overseas trip
6	Deposit	\$500.00 as part payment of total course fee [Non refundable see our website]

Schedule 2- Course Provider

1	College	Bill Healy International Travel and Tourism College ABN 88 005 425 945 ACN 005 425 945
2	Address	Level 3 Flinders Gate 172-192 Flinders St Melbourne Vic 3000
3	Telephone	[03] 9654 3599
4	Facsimile	[03] 9650 2218
5	RTO number	4625
6	College Travel Agency Licence number	30414

Schedule 3 – Applicant's details

1	First name	
2	Family name	
3	Address	
4	Telephone Number	
5	Email address	
6	Date of Birth / age	Day Month Year Age as at Feb 2009 []

I wish to enrol as a Student in the Course. I agree to be bound by the Terms and Conditions of this Agreement which I have read on the College website www.tourismcollege.com.au under Enrolment Details if my application for enrolment is accepted by the College.

I enclose either: (Please tick the applicable box)

- payment in full of the Course Fee of \$5950.00
 deposit of \$500.00 ; or
 authorisation for the College to debit my credit card detailed below and agreement to pay the Course fee in full on or before 16 February 2009

*Signed Date...../...../20..

*A parent or guardian must sign this Application if the Applicant is under 18 years of age.

AUTHORITY TO DEBIT CREDIT CARD IF REQUIRED

All Course Fees paid by credit card incur a 2% transaction fee.

I authorise the College to debit my credit card for the Deposit /OR full payment of the Course Fee.

Please tick which of these cards you wish to use Visa Mastercard

Amount to be debited \$..... Card No:.....

Expiry Date:/...../.....Card Holder's Name:

Signature:.....Date...../...../20..