



**AUSTRALIAN COLLEGE
OF TRAINING**
ACT NOW FOR YOUR FUTURE

ABN: 48 106 641 767

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Australian College of Training REGISTRATION FORM 2009 CERT IV TAA Program (end)

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I would like to register in all of the following Training & Assessment units:

- TAAENV402B Foster and Promote an Inclusive Learning Culture
- TAADES401B Use Training Packages to Meet Client Needs
- TAADES402B Design and Develop Learning Programs
- TAADEL301B Provide Training Through Instruction & Demonstration of Work Skills
- TAADEL403B Facilitate Individual Learning
- TAADEL404B Facilitate Work Based Learning
- TAAASS403B Develop Assessment Tools

TOTAL COST: \$955 (or \$100 discount if registered early) = \$855

- Dates: 11th, 18th & 25th September OR
 30th September, 7th & 14th October

Student Surname	First Name	Position	Total Cost
Student Enrolment Fee (\$30 per person - waived if previously enrolled in funded TAA)			
Total Cost:			

Contact Name/
Company:

Invoice to:

Address:

City: Postcode:

Telephone: Fax:

Email:

Payment Details:

- I have enclosed a cheque for \$_____ payable to "Australian College of Training"
- I will pay by credit card Visa Mastercard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature of Card Holder: _____

- I will direct debit to your account: **Name:** Australian College of Training
Bank: ANZ **Branch:** Bull Creek **BSB:** 016-268 **Number:** 1078 932 91

(Note: Please put your invoice number, surname or company name as a reference)

- Please forward an invoice for payment **Purchase Order No:** _____

