



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

# Australian College of Training REGISTRATION FORM 2009 CERT IV TAA Funded Program

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

- |   |               |
|---|---------------|
| <input type="checkbox"/> TAAENV401B Work effectively in vocational education and training | <b>FUNDED</b> |
| <input type="checkbox"/> TAAENV403B Ensure a healthy & safe learning environment          | <b>FUNDED</b> |
| <input type="checkbox"/> TAADEL401B Plan & organise group based delivery                  | <b>FUNDED</b> |
| <input type="checkbox"/> TAADEL402B Facilitate group based learning                       | <b>FUNDED</b> |
| <input type="checkbox"/> TAAASS401C Plan & organise assessment                            | <b>FUNDED</b> |
| <input type="checkbox"/> TAAASS402C Assess competence                                     | <b>FUNDED</b> |
| <input type="checkbox"/> TAAASS404B Participate in assessment validation                  | <b>FUNDED</b> |

- Dates:  ~~3rd, 10th & 17th June~~ OR  
 ~~11th, 18th & 25th June~~ OR  
 ~~23rd, 30th June & 7th July~~  
 26th June, 3rd & 10th July

Student Surname	First Name	Position	Total Cost
			<b>FREE</b>
			<b>FREE</b>
			<b>FREE</b>
Student Enrolment Fee ( <b>\$30 per person- must be paid on enrolment</b> )			
<b>Total Cost:</b>			

**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:** \_\_\_\_\_



