

**TISOVN ENROLMENT FORM**

COURSE DETAILSDetails

|  |  |  |
| --- | --- | --- |
| * CC COURSE NAME |  | |
| * COURSE CODE |  | |
| * COURSE FEE |  | |
| * CONCESSION CARD NUMBER |  |

PERSONAL DETAILS

|  |  |
| --- | --- |
| TITLE |  |
| FIRST NAME |  |
| SURNAME |  |
| GENDER |  |
| DOB |  |
| ADDRESS |  |
| PHONE |  |
| EMAIL |  |

PAYMENT OPTIONS

\* *Payments are through Pay Advantage. Surcharge applies.*

|  |  |
| --- | --- |
| PAYMENT IN FULL |  |
| PAYMENT PLAN DIRECT DEPOSITS |  |
| DEPOSIT AMOUNT (for direct debit installments only) |  |
| AMOUNT WEEKLY (as stated on the course) |  |

**Check List –**

-  I have completed all sections of this enrolment form -  I have read the F&Q (on the home page) and student agreement (on the enrolment page) -  I have read the course information on the website at  www.tisovn.com -  I understand I will be sms/emailed the payment form for processing

- I understand that tisovn is a green school and all certificates and transcripts are in digital format only

- I understand that if I miss one direct debit payment that I will be removed from the school for payment failure and will need to pay for the remainder of my course in full in order to continue

- I understand that all courses have expiry dates and it is my responsibility to complete each course in the designated time frame

- I understand that it is not TISOVN responsibility to remind me to submit assessments, to complete exams, to make repayments or to remind me that my course is nearly finished.

- I understand that the FAQ’s are updated from time to time and it is my responsibility to read them

[ ] I understand and agree to the checklist

ACCEPTANCE



I hereby confirm that I have read, understood and agreed to The F&Q, the Check List and Student Agreement Section.

|  |  |
| --- | --- |
| STUDENT NAME |  |
| DATE |  |
| STUDENT SIGNATURE |  |
| GUARDIAN SIGNATURE (for under 18) |  |

***How did you hear about TISOVN?***

|  |  |
| --- | --- |
| GOOGLE |  |
| FACEBOOK |  |
| RSPCA |  |
| INSTAGRAM |  |
| VET CLINIC |  |
| REFERRED (BY WHO) |  |
| OTHER (PLEASE SPECIFY) |  |

**PLEASE EMAIL THIS FORM, ALONG WITH YOUR APPLICATION LETTER TO** [**admin@tisovn.com**](mailto:admin@tisovn.com)**.**

**TISOVN reserves the right not to accept students into the school**