



# TRAINING COURSE ENROLMENT FORM

PLEASE NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED and emailed to [education@nsca.org.au](mailto:education@nsca.org.au)

Got a question? Contact the Learning and Development department on 1800 816 459

## 1. Participants Personal Contact Details

Given Name:		Surname:	
Home Address:			
Suburb:		State:	PCode:
Phone:	Fax:		Mobile:
Date of Birth:		Email:	
Special Dietary Requirements (Public course students only):			

## 2. Authorising Signature

Name:	Title:
<input type="checkbox"/> I have read and understand the NSCA Student Handbook, including the Cancellation and Refund Policy	

## 3. Employer Details (if applicable)

Organisation:	If NSCA Member – Membership No:	
Contact Name:		
Street Address:		
Suburb :	State:	PCode:
Phone:	Fax:	Email:

## 4. Course Details \*\*Confirmation Letter for course will be sent on enrolment\*\*

Course name:			
<input type="radio"/> Accelerated Workshop	Date: Cycle 1 Date:	Location:	Cycle 2 Date: Location:
<input type="radio"/> Distance Learning (internet based): Full / Per Unit			

## 5. Payment/Invoice Details (Complete if different from employer details listed above)

Organisation:	
Postal Address:	
Suburb:	State: PCode:
Contact Name:	Phone:

## 6. PAYMENT METHODS Full payment must be made before attending a Cycle, unless prior arrangements with NSCA have been made.

Cost of Course/Cycle/Unit: \$	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order No:	<input type="checkbox"/> Cheque
Please charge my:	<input type="radio"/> MasterCard	<input type="radio"/> Visa	<input type="radio"/> Amex <input type="radio"/> Diners
Card No:	Expiry Date:		
Cardholders Name:			

### Electronically from your Bank Account

Payments to: National Safety Council of Australia Ltd	Mail your cheque payment to: NSCA
BSB No 082 282. Account No. 649984825	Bld 4, Brandon Office Park
Enter your Name and Course Name as payment reference	540 Springvale Rd, Glen Waverley, Vic. 3150

## 7. How did you hear about this course?

<input type="radio"/> Word of Mouth	<input type="radio"/> Training Handbook	<input type="radio"/> Advertising	<input type="radio"/> NSCA Website	<input type="radio"/> Other:
Office Use Only:	Cheque No:	Receipt No:	Invoice No:	

# Application for INDIVIDUAL MEMBERSHIP

## CONTACT DETAILS

Company name (if applicable): \_\_\_\_\_

Name of individual member: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Industry:  Agriculture  Health and Community Services  Property/Building/Construction  Consumer Goods  
 Manufacturing  Retail  Education  Mining  
 Transport  Government  Professional Services  Travel, Tourism  
 Other, Please specify: \_\_\_\_\_

## FEE CALCULATION

Member Type: <input type="checkbox"/> Individual	Fees:	
includes 1 free annual magazine subscription	12 months \$215	= \$ _____
	24 months \$387 (10% discount)	= \$ _____
Additional National Safety Magazine Subscription	\$135pa	= \$ _____
<i>(All amounts include GST. Deduct 10% for overseas applications. Membership is charged annually. Membership fees are tax deductible.)</i>		
	<b>TOTAL = \$</b>	_____

## PAYMENT DETAILS

I wish to pay:  By cheque (enclosed)  OR please debit my credit card  
 Amex  Diners Club  Mastercard  Visa

Cardholder: \_\_\_\_\_ Card number

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DECLARATION

I understand that as an NSCA member, I am entitled to voting rights at the annual General Meeting of NSCA and am eligible for election as a Director. I agree to be bound by the Constitution of NSCA, as a not-for-profit company limited by guarantee. I request that this application for individual membership be submitted to the NSCA Board of Directors for approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE SEND YOUR  
APPLICATION TO:**

**Membership Coordinator  
National Safety Council of Australia Ltd  
Suite 901, Level 9 418A Elizabeth Street,  
Surry Hills NSW 2010**

**Or fax to 02 9213 6220  
Or email [membership@nsca.org.au](mailto:membership@nsca.org.au)  
Or enquiries call 02 9213 6299**

