Course Application

Personal details

First Name:	**Last Name:**	
Date of Birth:	**M/F:**	**Number of children:**
Street Address:	**City:**	
Post Code:	**Home Phone:**	**Day phone:**
Mobile:	**Email:**	
Occupation:	**How did you hear of us:**	
How do you prefer we contact you?	**Telephone** ☐	**Email** ☐

Course details

Course name	**Fees**
TOTAL FEES	

Highest qualification gained to-date: (Tick one only)
High school ☐ Certificate ☐ Certificate 3 ☐ Certificate 4 ☐ Diploma ☐ Degree ☐ Post graduate ☐

Do you hold any industry registrations/memberships? No ☐ Yes; _____

Prerequisites required are met? No ☐ Yes _____

Payment Details

Method of payment:

Bank Deposit ☐ **Bank deposit to 12 3086 0212656 00**

Cheque (NZ only) ☐ **Please make cheques payable to Internet Ventures.**

Paypal ☐ **to belinda@absolutehealth.co.nz**

I agree to the enrolment conditions outlined in the Admission details document and hereby state that the information provided is true at the time of signing.

SIGNED_____

✉ 9a Temple St, Meadowbank, Auckland, New Zealand
☎ 09 5218920 ☎f 09 5218921 belinda@absolutehealth.co.nz www.absolutehealth.co.nz

Office Use Only

Date in:	Authority #:	Student #.:	Enrol receipt:
Date pack mailed:	Mode: E	Due date:	Certificate #: