

PLEASE PRINT USING BLOCKCAPITALS

POST TO: Academy Business Training NZ Ltd, PO Box 74404, Market Road, Auckland 1543

OR~EMAIL your completed enrolment form to: info@academynz.com

OR~FAX TO: (09) 366-3901

Please complete all fields.

We Will Contact You On Receipt Of Your Application

Applicant's Identification Details			Age Group	Type of Accommodation
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Title: <input type="text"/>	Less than 20 years	Homestay: <input type="checkbox"/>
Student Number: _____			20 - 30	Family Home: <input type="checkbox"/>
First Name: _____			30 - 40	Apartment: <input type="checkbox"/>
Family Name _____			40 - 50	What Ethnic Group do you belong to? _____
Preferred Name: _____			Over 50 years	

Personal Contact Details			
Street Address: _____			
Postal Address: _____			
Phone Number:	H <input type="text"/>	W <input type="text"/>	M <input type="text"/>
E-mail Address: _____			

Who would you like us to contact in the event of an emergency involving yourself?	
First Name:	_____
Last Name:	_____
Relationship to you (e.g. Mother, Father):	_____
Telephone Number:	_____
Alternative Number(Work, Fax or Mobile):	_____
E-mail Address:	_____

Course Details	
Which Course/s would you like to enrol in?	_____
Do you intend to study :	Full time? <input type="checkbox"/> or Part Time? <input type="checkbox"/>
When would you like to start your course/s?	_____

How would you prefer to pay?

OPTION 1 I would like to pay up front.

Your Course fees: \$ _____

Payment method Credit Card Direct Debit Internet Banking Cheque or Money Order

OPTION 2 I would like enrol using **Work & Income NZ Training Incentive Allowance**. (Conditions apply. Please ask)

OPTION 3 I would like to pay a deposit and the balance with interest free instalments.

Deposit

Payment method Credit Card Direct Debit Internet Banking Cheque or Money Order

Instalments

Payment method Credit Card Direct Debit Internet Banking Post Dated Cheques

Automatic Bank Payments

Please complete the appropriate payment details below.

CREDIT CARD MasterCard Visa

Card No.

Expiry Date Month Year

Card holder's name/s _____ Signature _____

For instalment payments by Credit Card

I/We authorise Academy Business Training to deduct monthly/weekly payments from my/our Credit Card, as specified above, until further notice.

Your Signature _____

My/our preferred date of deduction is: weekly starting on _____
or _____ day of each month.

Date _____

DIRECT DEBIT Complete your bank's Direct Debit form and return with this Enrolment form

AUTOMATIC PAYMENT Once enrolled, complete our Automatic Payment form and send to **your** bank.

INTERNET BANKING Our banking details Account Name: Academy Business Training NZ Ltd
Bank: ASB Bank, Dominion Rd
Account No: 12 3016 0632532 00

▶ Use your **surname** and your **first name** and /or your **Student No** in the reference box.

CHEQUE OR MONEY ORDER Make payable to Academy Business Training, attach to this Enrolment form.