

Clip Joint Education Introductory Courses 2017

Studer	its Name:	• • • • • • • • • • • • • • • • • • • •		•••••	
Addres	SS:	•••••	• • • • • • • • • • • • • • • • • • • •	Post (Code
Teleph	one: ()		Mobile:	••••••	
Email a	address:		• • • • • • • • • • • • • • • • • • • •	•••••	•••••
Gende	r: 🔲 Male	☐ Female	Date of E	Sirth:	•••••
Emerg	ency Contact Person:	•••••	R	elationship:	•••••
Contac	t Number:				
School	Attending:				
Year Le	evel:	• • • • • • • • • • • • • • • • • • • •	. Vet Coordii	nator:	
	tudent is under 18 ye ademy for lunch and l		guardian nee	ds to give permission for the	em to leave
I	•••••	gi	ve permissio	n for	• • • • • • • • • • • • • • • • • • • •
to leav	e the Clip Joint Educa	ation premises fo	r lunch and b	reak.	
Parent	or Guardian Signatur	e:	••••••	Contact number:	•••••
Please	indicate which course	you wish to enro	ol in:		
	2 Days Introduction to <u>Hairdressing</u> Course – Wed 19 th & 20 th April 2017 \$125.00				
	1 Day Introduction to Makeup – Friday 21st April 2017 (including brush set!) \$110.00				
	Special offer! Both courses (including makeup brush set!) -				
	2 Days Hairdressing & 1 Day Makeup – 19 th , 20 th & 21 st April 2017 \$220.00				
	visit <u>CJE RTO-Code o</u> sign below:	f Practice to read	Clip Joint Ec	lucation students policy and	if you agree
Studer	t Name:	Signa	ature:	Date:	
Guardi	an Name:	Signa	ature:	Date:	
Please	make your Cheque/N	loney Order paya	ble to Clip J	oint Academy of Hairdressing	g
If payir	ng by Credit Card ple	ase provide detai	ls:	VISA / MASTERCARD)
Card N	lo:	•••••	•••••	Expiry Date:	
Card H	olders Name:	•••••	•••••	Signature:	
Please	forward this complete	ed form along wi	th payment t	0:	
PO Bo	int Education x 3443 Mall ADELAIDE SA	5000			

Please make sure your application and payment is received by Clip Joint at least 8 working days before course commencement.

*please note – refunds will not be given if you withdraw less than 21 days before the commencement date.