

ENROLMENT FORM

CONTACT DETAILS

Name: _____

Address: _____

Contact Number: _____ Email: _____

TRAINING PROGRAM OPTIONS

Tick Program	Option	Program	Duration	Investment
	1	MYOB, BAS/GST, PAYG W, Payroll	Session1: 10:00 - 4:30 pm Session2: 10:00 - 4:30 pm Session3: 10:00 - 4:30 pm	\$695
	2	General Ledger, Fixed Assets & Financial Statements	Session1: 10:00 - 4:30 pm Session2: 10:00 - 4:30 pm Session3: 10:00 - 4:30 pm	\$695
	3	Income Tax Returns (Individuals)	Session1: 10:00 - 4:30 pm Session2: 10:00 - 4:30 pm Session3: 10:00 - 4:30 pm	\$695
	4	Income Tax Returns (Partnership) (Company) (Trust) (Including advanced topics - Hire Purchase, FBT etc)	Session1: 10:00 - 4:30 pm Session2: 10:00 - 4:30 pm Session3: 10:00 - 4:30 pm	\$695
	5	Complete training program (Option 1 to 4)	12 sessions over 4 weeks 10:00 - 4:30 pm	\$2295 (save \$485)
	6	Interview & Communication Skills Training		\$485

ENROLMENT FORM

ONE TO ONE SUPERVISED INTERSHIP PROGRAM OPTIONS

Tick Program	Option	Program	Duration	Investment
	7	2nd month Internship (Part-time, 3days/wk)	4 Weeks	\$408 p/w
	8	3rd month Internship (Part-time, 3days/wk)	4 Weeks	\$408 p/w
	9	4th month Internship (Part-time, 3days/wk)	4 Weeks	\$333 p/w
	10	5th month Internship (Part-time, 3days/wk)	4 Weeks	\$333 p/w
	11	6th month Internship (Part-time, 3days/wk)	4 Weeks	\$333 p/w
	12	Over 6 months		Free* (condition apply)
	13	Interview, Resume advise		Free (condition apply)
	14	Workforce Support	Ongoing Support	Free** (condition apply)

*Subject workstation availability

** For students participate option 5 and internships only

ENROLMENT FORM

PAYMENT OPTIONS

Total Program Fee: _____

I'm paying by (please tick the preferred payment):

- CASH**
- CREDIT CARD** (please circle the type of credit card): **Visa** **Mastercard**

DEPOSIT: _____ BALANCE: _____ **Balance to be paid by:** _____

Please answer some important questions below:

1. How did you hear about Accountants Resource Centre? _____

2. What would you like to gain from ARC Programs? _____

3. Can you provide the ARC consultant name that helped you with your inquiries? _____

4. How helpful was our ARC consultant with your questions and inquiry? _____

Signed: _____ Date: _____

Terms & Conditions:

1. \$100 deposit is required upon signing an enrolment form to secure a placement in a program.
2. Program fee must be paid in FULL prior or on the first day of your training program. Please note: If paying on the first day of your training, the transaction is to completed in full (fees) before commencing your program. If payment have not been received in full then student will not be able to start their training.
3. Deposit is non refundable if student cancels enrolment.
4. It is the student's responsibility to be punctual and arrive on time for every training session.
5. Student are entitled to one day sick leave with an extended one day class to stay on track of the program. Classes will not be refunded/ compensated/or 'rolled over' to students who are absent during a program. Considerations will apply if student provides a Doctor's Certificate or special family circumstances occur (i.e. death in family).
6. All students are required to read 'ARC Student Handbook' to use as a guide and reference.
7. All credit card payments will incur a 2% surcharge and it is non refundable.

ARC office use only.

Date enrolled: _____

Program Consultant who enrolled student: _____