



Personal Details

Family Name: Given Name:

Date of Birth: Gender: Male Female

Address:

Email:

Telephone/Mobile:

Employer Work Phone (.....).....

Courses (Please indicate the course(s) you wish to apply for)

DET001 Construct Models from Impressions (1 day) \$200

	9 Dec 2017 OR 12 May 2018 (Please circle preferred session date)
	10AM to 2PM
	Min 6 students per session Max 10 students per session

DET002 Construct Custom Impression Trays (1 day) \$450

	11 Nov 2017 OR 14 Apr 2018 (Please circle preferred session date)
	9AM to 5PM
	Min 6 students per session Max 10 students per session

DET003 Construct Thermoformed Appliances (mouthguards, nightguards, bleaching trays) (1 day) \$250

	13 Jan 2018 OR 9 Jun 2018 (Please circle preferred session date)
	10AM to 3PM
	Min 6 students per session Max 10 students per session

DEN001 Digital OPG/Ceph Radiography (1 day) \$275

Pre-requisite: Must have completed Cert IV in Dental Assisting (Dental Radiography) and hold DEN1-1

Session Dates

<input type="checkbox"/>	10 Feb 2018 OR 14 Jul 2018 (Please circle preferred session date)
	10AM to 3PM
	Min 6 students per session, Max 10 students per session

Session Dates (please select)

<input type="checkbox"/>	10 Mar 2018 OR 11 Aug 2018 (Please circle preferred session date)
	10AM to 3PM
	Min 6 students per session, Max 10 students per session

To confirm your enrolment, please return this application form & payment details.

Payment Methods:

Option 1:

To pay by Credit Card, please complete the details on the back page and send back to us together with this application form (email to info@menzies.vic.edu.au) or fax to (03) 9328 5879.

or

Option 2:

To pay over the Phone with Credit Card.

Please call the Menzies Institute office on 1300 244 002 or (03) 9329 8333 between Mon to Fri 8AM – 5:30PM. Please submit your application form first by email to info@menzies.vic.edu.au or fax to (03) 9328 5879 before arranging payment.

or

Option 3:

To make payment in person please come to Menzies Main Office, bringing this application form.

Cash, EFTPOS & Credit Card payments all accepted.

Office Address: Ground Level, 355 Spencer Street, Melbourne. **Office Hours:** Mon ~ Fri 8AM - 5:30PM

Office Use Only:

Total Cost:
\$ _____

Applicants Checklist

Please ensure that you have attached the following documentation with the application.

- Identification Document
- Photo ID: Driver's license or Passport front page

How did you hear about Menzies?

- Newspaper/Magazine/Radio advertising
- Internet Search
- Exhibitions (e.g. Career Expos)
- Friend
- Other (Please specify: _____)

Applicant's Declaration

I would like to participate in the training program specified in my application.

I acknowledge that:

- Courses fees must be paid in full prior to course commencement. Withdrawals made more than 14 days prior to the course commencement will be entitled to 25% of paid course fees. Withdrawals made within 14 days of course start date will not qualify for a refund. Courses are non-transferable to other intakes or to other persons. Menzies Institute reserves the right to cancel or reschedule a course and should this occur, you will be rescheduled to a mutually agreeable intake.

I give permission for Menzies Institute of Technology

- To communicate with me by electronic means (e.g. Email)
- To use any photos or videos taken during the course to be used for promotional and marketing purposes only by Menzies Institute of Technology

Privacy Statement

The information collected in this form is required to facilitate your enrolment and will be handled in confidential matter and only for the purpose of courses and requirements for Menzies Institute training and record keeping requirements.

Applicant Declaration

I _____ hereby declare that the information supplied on this form is correct and complete to the best of my knowledge. I understand and agree with the payment agreement and privacy statement.

Applicant Signature _____ Date: ____/____/____

Menzies Institute of Technology Authorized Person _____ Date: ____/____/____



To make payment via credit card please fill in the following details and scan & email to: info@menzies.vic.edu.au

CREDIT CARD AUTHORIZATION FORM

This section to be completed by cardholder

Cardholder's Full Name <i>(Please Print)</i>

Amount Authorized to Charge
\$

Cardholder Address	
	Post Code

Phone Number

Card Number	
Expiry Date	__ / __
Security Code	__ __

(This number is 3 digits & is the non-embossed number printed on the signature panel on the back of your card immediately following the card acct number. This number is recorded as an additional security precaution)

Type of Card	  	Other
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NOTE: 3% surcharge applies for American Express transactions. (No surcharge for Visa/ Mastercard)

CARD HOLDER'S DECLARATION :

- By ticking this box I declare that I am indeed the cardholder whose name appears above and do hereby give my consent for the above authorized amount to be charged to my card by Menzies Institute of Technology*

Date:/...../.....