

**Learner Registration Form
Accredited Programs**



Student Information	Surname					
	First Name(s)					
	Date of Birth	/	/	Country of Birth		
	Residential Address					
	City/ Suburb			Postcode		
	Telephone - Home		Work			
	Mobile		Fax			
	Email					
	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Magical Learning Club member?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Have you previously completed a Magical Learning workshop or program?				Y <input type="checkbox"/>	N <input type="checkbox"/>
	Please let us know about any special requirements you might have:					
	<input type="checkbox"/> Wheelchair/ Disabled Access <input type="checkbox"/> English as Second Language <input type="checkbox"/> Dietary/ Allergy needs <input type="checkbox"/> Other (please specify)					
	Emergency Contact					
Name						
Telephone - Work		Mobile				
Relationship to you						
Program Information	Please register me for the following program(s)		1.			
			2.			
			3.			

Additional Information	Of the following categories, which BEST describes your current employment status?		Have you SUCCESSFULLY completed any of the following qualifications? (tick if YES)	
	Full-time employee		Bachelor Degree or Higher Degree	
	Part-time employee		Advanced Diploma of Associate Degree	
	Self-employed – not employing others		Diploma (or Associate Diploma)	
	Employer		Certificate IV	
	Employed – unpaid work in the family business		Certificate III	
	Unemployed – seeking full-time work		Certificate II	
	Unemployed – seeking part-time work		Certificate I	
	Not employed – not seeking employment		Certificate other than above	
	Which of the following categories BEST matches your reason for undertaking this course?			
	To get a job		I wanted extra skills for my job	
	To start my own business		To get into another course	
	To try for a different career		To develop my existing business	
	To get a better job/promotion		Self-development	
	It was a job requirement		Other	
Magical Learning Staff Use Only				
Staff Use Only	Student ID			
	Personal details checked:			
	Signature		Date	
	Registration Details Entered:			
	Signature		Date	
	Entry of Registration Details checked:			
Signature		Date		

Program / Participant Details											
Participant Name:											
Program Name:											
Commencement Date:											
Program Fees (all prices are GST-inclusive where relevant)											
<i>Face-to-face Delivery</i>	<i>Certificate III</i>	<i>Certificate IV</i>	<i>Diploma</i>	<i>Advanced Diploma</i>							
Standard Fee	\$2,300	\$3,700	\$4,400	\$4,995							
Learning Club Members	\$2,100	\$3,500	\$4,200	\$4,700							
<i>Distance / eLearning Delivery</i>	\$1,725	\$2,625	\$3,300	\$3,750							
Payment Details			Amount to be Paid:			\$					
<input type="checkbox"/> Direct Deposit: St George Bank BSB: 112-908 Account No: 002 061 835 Account Name: Magical Learning											
<input type="checkbox"/> Cheque - Payable to Magical Learning Pty Ltd. (Please post with this form to: <i>PO Box 9225 Deakin 2600</i>)											
Credit Card (please indicate card type)											
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Club								
Card Number											
Expiry Date (mmyy)					CCV No (3-digit security number on the back of your card)						
Name on Card				Signature							
Fax this form to	02 6260 8221	Post this form to	PO Box 9225 Deakin ACT 2600								