



St Mark's Registered Training Organisation

2012 Course Enrolment Form

St Mark's
Registered Training Organisation

Date of application:

| Personal & Contact details | |
|---|--|
| Title: | Rev / Mr / Mrs / Miss / Ms / Dr (circle one) |
| Given Names: | |
| Surname: | |
| Date of Birth: | |
| Gender: | Male / Female (circle one) |
| Postal Address: | |
| Telephone: | Home: <input type="text"/> Work: <input type="text"/> |
| Mobile: | |
| Email: | |
| Course details (indicate where appropriate) | |
| | Certificate IV in Christian Counselling & Communication Skills |
| | Advanced Diploma of Christian Counselling >> |
| | Advanced Diploma Internship >> |
| | Vocational Graduate Diploma of Relationship Counselling >> |
| | Vocational Graduate Certificate in Supervision (Clinical or Pastoral) >> |
| | Course location: |
| | Recognition of prior study/prior learning >> |
| | Entry requirements applicable - check course information page on web for details. |
| | If entry requirements applicable indicate YES. An RPL form will need to be included with this application. |
| Payment details | |
| Deposit amount | \$150 |
| Indicate payment method: | Cheque |
| | Online transfer |
| | Credit/debit card |
| | Cheques to be made out to: St Mark's National Theological Centre |
| | Account name: St Mark's NTC / BSB number: 032 719 / Account number: 132 828 |
| | Visa / Mastercard (circle one) |
| | <input type="text"/> |
| | <input type="text"/> |
| | Expiry date: |

| | | |
|-----------------|--|-----------------|
| Cardholder name | | Office Use Only |
| Signature | | |
| Payment date | | |
| | | Date received: |
| | | Checked in by: |