Enrolment Form

Please complete this form and forward with fee to:

Short Course Enrolments
Whitecliffe College of Arts & Design
24 Balfour Rd, Parnell
PO Box 8192 Symonds St
Auckland 1010

Course Name	Term or start date	Cost
	Total (All fees include GST)	

Title	First Name	Family Name
Postal Address		
Home Phone		Mobile Phone
Email		
Gender		Date of Birth ____/____/____
Are there any medical issues which we should be aware of? Y / N		If Yes, Please detail:
Name of Emergency Contact:		Emergency Contact Phone number:

How did you hear about Whitecliffe Short Courses?

Payment (Please tick):

☐ CHEQUE - Payable to Whitecliffe Enterprises
☐ CASH
☐ ONLINE BANKING - Please contact Reception for course availability and bank account details.

Confirmation of place cannot be made until full payment is received by Whitecliffe. Applications close one week before the course beginning date. Late applications may be accepted if places are available.

Signature	Date ____/____/____

The Privacy Act

☐ To keep you informed we will hold your name and address on file. Please tick this box if you **do not** wish to receive further information.