

Application Form

To reserve a place in this course please complete this application form and fax it to 02 9698 8852, or email to courses@chi-link.com.au, or send it to:

Chi Link Eastgardens, Shop 349, Westfield Eastgardens, NSW 2036

Name _____

Address _____

Telephone No (Mobile) _____ **(W)** _____

Email _____

Do you wish to be considered upon graduation for employment with Chi Link Nationwide Natural Therapy Health Centre? Yes / No

I wish to enroll for:

HLT40307 Certificate IV in Massage Therapy Practice - \$2300

HLT50307 Diploma of Remedial Massage - \$5000

I currently hold HLT40307 Certificate IV in Massage Therapy Practice and wish to upgrade to HLT50307 Diploma of Remedial Massage - \$2900

**Deposit 25% on enrolment, or the balance is paid by installments every week or every two weeks
5% discount if paid in full**

Recognition of prior learning (PRL) will be assessed on an individual basis.

Commencement Date and Course Timetable: please contact us for course details

Training Place: Chi Link Eastgardens Branch

Location: Shop 349, Westfield Eastgardens, Eastgardens NSW 2036 (next to Woolworth)

I enclose a cheque of \$_____ payable to "Sydney-Holistic Education College"

I will directly credit \$_____ of payment to the bank account details as

Account Name: Chi Link Eastgardens Pty Ltd BSB: 112-879 Account No.: 429531912

Charge the amount of \$_____ from my credit card MasterCard Visa

Credit Card Details

Cardholders Name _____

Address _____

Signature _____ Expiry Date _____