

Application Form

To reserve a place in this course please complete this application form and fax it to 02) 9597 5682, or email to courses@chi-link.com.au, or send it to:

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

The following information is used for issuing the certificate, please make sure your information is correct and print your name clearly.

First Name _____ **Last Name** _____ **Preferred Name** _____

Address _____ **State** _____ **Post code** _____

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 - \$3400**
- HLT50307 Diploma of Remedial Massage - \$7480**
- I currently hold HLT40307 Certificate IV in Massage Therapy Practice and wish to upgrade to HLT50307 Diploma of Remedial Massage - \$4080**

**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: Sydney-Holistic Education College BSB: 124-001 Account No.: 20979466

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

Credit Card Details

Cardholders Name _____

Signature _____ Expiry Date _____