

# SOUTH AUSTRALIAN LEARNING CENTRE

## SHORT COURSE ENROLMENT FORM

Please return form to SALC to [salc@minda.asn.au](mailto:salc@minda.asn.au), fax: 0884226330 or post to: PO Box 5, Brighton 5048

Title (please tick on box only)

Mr     Miss     Mrs  
 Ms     Other \_\_\_\_\_

Gender (please tick one box only)

Male     Female

Last Name                      First Name

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Middle Name                      Preferred Name

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Date of Birth DD/MM/YY

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### Address Details

Current residential address (usual place of residence)

Building/ Property Name:	
Flat/ Unit number:	Street Number
Street Name:	
Residential Suburb (mandatory)	
Residential Postcode (mandatory)	

Postal Address (leave if same as above)

PO Box or Roadside Delivery Box	
Flat/ Unit number:	Street Number
Suburb	
State	Post Code

### Employer Details

If you do not live in South Australia, do you work in South Australia?  
If YES

Employer Name	
Employer Address	
	Suburb

ACN

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Post Code

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### Contact Numbers

Home
Work
Mobile
Email

### Emergency Contact

Name	
Relationship	
Address	
Suburb	Postcode
Phone number	

How did you hear about the South Australian Learning Centre?

Internet search     previous student  
 Word of mouth     know of Minda  
 Banner or flyer     Newspaper

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_