



**PERSONAL DETAILS**

Full Name:

Date of birth: \_\_/\_\_/\_\_

Male/Female

Phone number:

Email:

**COURSE DETAILS:**

Course Name (please tick):

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Certificate IV in Leadership and Management

☐

Certificate IV in International Trade

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TLIX5054 Comply with Biosecurity border clearance (individual unit)

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Diploma of Customs Broking

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Diploma of International Freight Forwarding

**CONFIRMATION:** (Please print name)

I, \_\_\_\_\_ have received and read the student handbook and understand my rights and responsibilities.

I, \_\_\_\_\_ confirm my enrolment into the nominated course above.

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

Date: \_\_/\_\_/\_\_

Please read the terms and conditions (separate document) and sign to acknowledge your understanding.