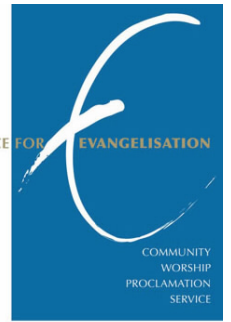


Enrolment Form

ARCHBISHOP'S OFFICE FOR EVANGELISATION



PLEASE USE BLOCK LETTERS:

Title: _____ First name: _____ Surname: _____

Address: _____

_____ P/C: _____

Telephone: (day) _____ (night) _____ Mobile _____

Email: _____ DOB: _____

Enrolment Type (Please tick)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Single Unit

Certificate – Foundations for Pastoral Ministry

School of Prayer

Called and Gifted Workshop

Unit Name	Start date

I acknowledge that I have a responsibility to seek course advice prior to varying my enrolment.

I agree to pay all fees and charges arising from this enrolment.

Changes to my fees, enrolment or withdrawal from units requires written approval from the Director of Archbishop's Office for Evangelisation.

I declare that the following information supplied by me is complete and correct. PLEASE SIGN YOUR COMPLETED FORM.

Student Signature: _____ Date: _____

Cost: \$85 per unit / \$65 concession (\$170 for double units)

Payment must accompany this enrolment. Enrolment is confirmed only on receipt of fees

Method of Payment: Cash Cheque Total: \$ _____

Please make cheques payable to Catholic Archdiocese of Melbourne

Charge my Credit Card: Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name of cardholder: _____ Signature: _____

Send to: **Administrative Assistant, Archbishop's Office for Evangelisation,
P O Box 146, East Melbourne 8002**

**For enquiries or changes to enrolment details please call 9926 5761
fax 9926 5767 or email us at office@evangelisation.org**