

ENROLMENT FORM

PERSONAL DETAILS		
Family Name	Given Names:	
Title: Dr / Mr / Mrs / Ms / Miss	Sex: M / F	Date of Birth (Day, Month, Year)
Country of Birth:	Nationality:	
Address in South Australia		
Postcode:		
Phone No: (home)	(work)	(mobile)
Email address:	Current occupation:	
EDUCATION		
<input type="checkbox"/> University Student <input type="checkbox"/> Vocational Student <input type="checkbox"/> Professional		
Name of current institution:		
Current course enrolled:	Year of study:	
Certification of IELTS	Number of years of English study:	
English test completed: type – IELTS / TOFEL / PTE / Other		
Score received:	Date received:	
R:	L:	W: S:
COURSE DETAILS		
I wish to enroll in:	Course Code :	Commencement Date:
<input type="checkbox"/> OET (Allied Health)		- 6weeks program - AUD \$880 GST inclusive
<input type="checkbox"/> English/ IELTS /PTE		- 6 weeks program - AUD \$880 GST inclusive
<input type="checkbox"/> Top Up class (PTE/IELTS/OET)		- 2 weeks program - AUD \$440 GST inclusive
<input type="checkbox"/> Top Up class (PTE/IELTS/OET)		- 1 weeks program - AUD \$330 GST inclusive
Feedback		
How did you hear about PEAR?	<input type="checkbox"/> Agent	<input type="checkbox"/> Exhibition <input type="checkbox"/> Equals
<input type="checkbox"/> Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

