STUDENT ENROLMENT FORM

Office Use Only			
B	I	A	P

Personal Details   *Please Print Clearly*

Title:	❏ Mr ❏ Mrs ❏ Miss ❏ Ms
Surname:	
Given Name:	
Date of Birth:	

Contact Details   *Please Print Clearly*

Phone:			
Mobile:			
Street Address:			
City:		Post Code:	
Email:			

Invoice To   *Please complete if required*

Company Name:			
Contact:			
Street Address:			
City:		Post Code:	

Course Details   *view course dates on the calendar attached. Select your course below and fill in the preferred dates*

MYOB for Beginners
1 Session (Week)
4 Sessions
$370.00 *inc VAT*

Dates

Session 1
☐☐/☐☐/☐☐☐☐

Session 2
☐☐/☐☐/☐☐☐☐

Session 3 (Evening Only)
☐☐/☐☐/☐☐☐☐

Session 4 (Evening Only)
☐☐/☐☐/☐☐☐☐

MYOB Advanced
1 Session (Week)
2 Sessions
$370.00 *inc VAT*

Dates

Session 1
☐☐/☐☐/☐☐☐☐

Session 2
☐☐/☐☐/☐☐☐☐

Session 3 (Evening Only)
☐☐/☐☐/☐☐☐☐

Session 4 (Evening Only)
☐☐/☐☐/☐☐☐☐

MYOB Combo (Advanced Certificate)
1 Sessions (Week)
6 Sessions
$575.00 *inc VAT*

Dates

Session 1
☐☐/☐☐/☐☐☐☐

Session 2
☐☐/☐☐/☐☐☐☐

Session 3 (Evening Only)
☐☐/☐☐/☐☐☐☐

Session 4 (Evening Only)
☐☐/☐☐/☐☐☐☐

Bula Payroll
1 Session (Day)
2 Sessions (Evening – Upon Request)
$280.00 *inc GST*

Dates

Session 1
☐☐/☐☐/☐☐☐☐

Session 2 (Evening Only)
☐☐/☐☐/☐☐☐☐

Total Courses Selected: **Total Price: $**

Payment Details	
❑ Cash	*Please visit The Accounting Solution to make payment prior to your Commencement Date*
❑ Cheque	*Please make cheque payable to The Accounting Solution*
❑ Direct Deposit	*Bank Details:* *Bank : ANZ (Suva)* *Name : MYOB Experts (Fiji)* *Account#: 11334373* *Please enter your Name as the reference*
❑ Eftpos	*Please visit The Accounting Solution to make payment prior to your Commencement Date*
❑ Credit Card	*Please debit my* ❑ Visa ❑ Mastercard Card No. ☐☐☐☐/☐☐☐☐/☐☐☐☐/☐☐☐☐ Expiry: ☐☐/☐☐ CVV: ☐☐☐
	Cardholder Name:
	Cardholder Signature:

How did you find out about our Courses?

❑ Internet Search	❑ Newspaper
❑ Word of Mouth	❑ Flyer/ Brochure
❑ Other (Please Specify)	

Privacy Statement

All information provided by you will be treated with utmost confidentiality and will not be accessible by any person outside The Accounting Solution at any time, unless prior permission is received by you that such information may be disclosed or unless the information is required by an outside party under legislation. All information provided by you will be held securely and will be available to you at any time.

Fees & Refunds

All fees must be paid in full before commencement of your course to ensure a placement. Scheduled Fees are stated under the Course Details section of this form and are subject to change without notice.
Refund Policy: Should you need to cancel your enrolment, a full refund will be offered up to 72 hours before the commencement of your course. Should your cancellation occur within 72 hours of your course commencing, a $75.00 cancellation fee will apply. The Accounting Solution reserves the right to cancel or re-schedule courses, and in such an event exchange or refund will be addressed.

Declaration

I declare to the best of my knowledge that the information I have provided on this application is correct and complete. I acknowledge that it is my responsibility to ensure that I seek any course advice that I may require. I acknowledge that while I am enrolled in an The Accounting Solution program I am subject to the legislation and Policies and Procedures that apply to that program. I acknowledge that I have read and fully understand the Privacy Statement and the Fees and Refunds policy.

Signature:		Date:	

Please complete and return this form at your earliest convenience to secure a booking.

The Accounting Solution | Shop 15, Tebara Plaza Nakasi, Fiji
Ph: 3563 222 | Mob: 9207554 | Email: info@The Accounting Solutiontraining.com.fj

BOOKINGS WILL BE CONFIRMED AND A TAX INVOICE/ RECEIPT ISSUED UPON RECEIPT OF PAYMENT