

QUALIFICATION ENROLMENT FORM

Depending on the qualification being undertaken, entry criteria may apply. To confirm your eligibility please contact AIM on 13 16 48 or email courses@aimqld.com.au

Participant

TITLE (MR/MRS/MS/DR/OTHER - PLEASE SPECIFY): _____

FIRST NAME: _____

SURNAME: _____

POSITION: _____

ORGANISATION: _____

POSTAL ADDRESS: _____

SUBURB: _____

STATE: _____

POSTCODE: _____

(BUSINESS) PHONE: _____

MOBILE: _____

FACSIMILE: _____

(BUSINESS) EMAIL:* _____

AIM MEMBERSHIP: NON MEMBER PERSONAL MEMBER CORPORATE MEMBER

INDIVIDUAL NEEDS (EG. DIETARY, WHEELCHAIR ACCESS): _____

AIM Qualification

TITLE OF QUALIFICATION: _____

COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

COURSE NAME: _____

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COURSE NAME: _____

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COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

COURSE NAME: _____

CODE: _____

INTAKE DATE: _____

Authorising Officer (Enroller)

If you are enrolling yourself, please complete your details above and skip this step.

TITLE (MR/MRS/MS/DR/OTHER - PLEASE SPECIFY): _____

FIRST NAME: _____

SURNAME: _____

POSITION: _____

(BUSINESS) PHONE: _____

FACSIMILE: _____

(BUSINESS) EMAIL:* _____

ORGANISATION NAME (REGISTERED): _____

ORGANISATION ADDRESS: _____

PO BOX: _____

STATE: _____

POSTCODE: _____

PHONE (MAIN NO.): _____

Payment

Please tick and print all details clearly. Please make cheques and money orders payable to *AIM Qld & NT*.

PAYMENT AMOUNT: \$ _____

PAY BY: Cheque Money Order Credit Card

CREDIT CARD TYPE: Diners Mastercard Visa American Express | ID: _____

CARD NUMBER: _____

EXPIRY DATE: _____

NAME ON CARD: _____

SIGNATURE: _____

All fees are correct at time of publication. Fees may be subject to change and can be confirmed online at www.aimcourses.com.au.



HOW TO ENROL

ONLINE

Enrol on the AIM website
www.aimcourses.com.au

TELEPHONE

Call AIM Client Services
13 16 48

FAX

Complete this form and fax to:
(07) 3832 2497

MAIL

Photocopy this form and post with your payment to:

Client Services
Australian Institute of Management
PO Box 200
Spring Hill Qld 4004

TERMS AND CONDITIONS

This course enrolment is submitted with acknowledgement and acceptance of the Terms and Conditions of Enrolment outlined at www.aimqld.com.au/training/terms.htm.

All bookings received are considered firm bookings.

PRIVACY

* In providing your email address, AIM has assumed inferred consent to contact you about its products and services via commercial electronic messaging.

We may use your Personal Information to tell you about our products and services and may disclose it to Approved Third Parties (see our Privacy Statement).

If you would like further information on AIM's Privacy practices, or how to access your Personal Information, view our Privacy Statement at www.aimqld.com.au or contact our Privacy Officer on 13 16 48 or by email at privacy@aimqld.com.au.