



**Certificate in  
Enteral Therapy**

Commencing 7 July 2010

(Applications close three weeks prior to course commencement)  
*Late applications considered if course positions remain available*

ABN: 26 540 881 341

- Please attach:
- A brief curriculum vitae (CV)
  - Details of education completed (relevant to this course) including a copy of current renewal of registration certificate
  - Brief statement of reasons for wishing to undertake this course

Please forward completed application form to:  
**Student Services Officer**  
**Mayfield Education**  
**2-10 Camberwell Road**  
**Hawthorn East, Victoria, 3123**

**Applicant Details** *Please answer all questions*

Full Name \_\_\_\_\_ Male  Female  *(please tick)*

Postal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Residential Address *(if different from above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel. (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Name of employing organisation \_\_\_\_\_

Work address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Current position \_\_\_\_\_ Date commenced \_\_\_\_\_

Educational standard/qualifications relevant to this course  
\_\_\_\_\_

**How did you first hear about this course?**

- Mayfield Courses Book     Friend     Work Colleague     Mailout     I am a past student of Mayfield
- Advertisement (Please specify ie newspaper/journal/radio) \_\_\_\_\_
- Mayfield Website     Other \_\_\_\_\_

**Fee Payment.**

Course Fee to be advised. Available 2010

Fee is being paid by:     Self     Employer

Payment Method:     Credit Card     Cheque/Money Order     EFT (details below)  
 Purchase Order    PO Number \_\_\_\_\_

*(Payment or Purchase Order Number must be received before application can be processed)  
 (Cheque/money order made payable to Mayfield Education Inc)*

EFT Details:    Mayfield Education  
 BSB:063 -143    Account: 1005-0419  
*(Please list applicant name in detail area)*

Credit Card Details:    *(1.5% surcharge applicable to all credit card payments)*

Charge to     VISA     Mastercard

Cardholders Name \_\_\_\_\_ Card Expires \_\_\_\_\_

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_