



364 East Tamaki Road PO Box 51986
East Tamaki Pakuranga
Auckland 2013 Auckland 2140
Tel: (09) 573 1964 Fax: (09) 573 1967

STUDENT ENROLMENT – Fibre to the Home (FTTH)

First Name: _____ Last Name: _____

Date of Birth: DD/MM/YY ____/____/____

Address: _____

Contact Details:

Tel: _____ Mob: _____

Email address: _____

FTTH Course

Module 1:	\$350.00
Module 2 Theory:	\$450.00
Module 2 Practical:	\$800.00
Module 3 Theory:	\$450.00
Module 3 Practical:	\$800.00

Total Fee Payable \$ _____

Withdrawal, Transfer and Cancellation of Courses

1. Once you have enrolled, you must provide written notification if you wish to withdraw from a course. If you wish to claim a refund, your written application to withdraw must be received by ETEC by the last working day prior to course commencement. You will then be entitled to a full refund, minus an administration fee of 10% or \$100.00 (whichever is the lesser). If your application to withdraw is received after the course has commenced, you will not be entitled to a refund and your fees will be forfeited.
2. Applications to transfer to an alternative course occurrence must also be submitted in writing and received by ETEC by the last working day prior to course commencement. Applications to transfer will be considered on a case-by-case basis.
2. If ETEC postpones or cancels a course, you will be eligible for a full refund.

Payment is required prior to commencement of the course of instruction. Cheques must be made out in favour of Shift Innovation Centre. Course fees include EWRB examination costs and GST. A GST invoice will be provided.

Student Declaration and Consent

1. The information I have provided on this enrolment form, or in support of my enrolment is true and complete. I understand that ETEC Limited may cancel my enrolment if the information that I have provided is false, incomplete or misleading.
2. As a condition of completing any course at ETEC Limited, I agree that I will pay all relevant fees and

charges as documented on the course information sheet, which I have read and understood. I accept that I am liable for all costs incurred in the collection of any outstanding fees.

3. I confirm that I have read and understood the contents of this form and that I accept the conditions.

Signed: _____ **Date:** _____

REMITTANCE ADVICE

Amount Paid: **Invoice To:**

\$

Paid By: Cash Cheque Direct Credit Credit Card

Direct Credit To: **ASB 12-3107-0016241-00** (Please enter your surname in the Reference Box, and the course code in the Code Box)

Credit Card Type: VISA Master Card **Name on Card:** _____

Expiry Date:

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CSC/CCV Code:

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Credit Card No:

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