

MLD Level 1 & 2 Course Enrolment Form

First Name: Date of Birth:	
Postcode:	
Mobile No:	
you have already achieved:	
	Date of Birth: Postcode:

Course Fees 2023

Please tick the box next to each course and return the completed form to the Hands On Clinic Ltd with proof of payment as described in the Terms and Conditions.

٧	Date	Location	Course Fees
	Fri 6 – Sun 8 Oct 2023	Christchurch	\$600.00
	Fri 17 – Sun 19 Nov 2023	Christchurch	\$550.00
		V Date Fri 6 − Sun 8 Oct 2023 Fri 17 − Sun 19 Nov 2023	Fri 6 – Sun 8 Oct 2023 Christchurch

Our bank account details are as follows:

Hands On Clinic Ltd, ANZ,

account number 06-0807-0364577-20

Particulars: your name Code: MLD 1 or 2 Reference: course date

Terms and conditions for course bookings:

PAYMENT:

The student is required to pay a **deposit of \$200.00** per selected course to secure their placement. The deposit must be submitted with the completed and signed enrolment form. The remainder of the course fee can be paid later but no later than 7 days prior to the course date.

COURSE CANCELATION POLICY:

The Hands On Clinic Ltd may cancel the course at any time up to 7 days prior to the course date or at any time in case of an emergency situation such as but not limited to pandemics or earthquakes. In case this happens, all course fees paid by the student will be refunded or the courses will be rescheduled, and the fees will be transferred to the new dates. Please note, the Hands On Clinic Ltd will not be responsible for refunding any other costs such as but not limited to travel and accommodation cost.

The student may cancel the course up to 7 days prior to the scheduled course date. If the student cancels the course, the deposit paid may not be refunded, however, the remaining course fee will not become due. In exceptional circumstances and at their discretion, The Hands On Clinic Ltd will refund the deposit or allow for a transfer to another course date, depending on the individual circumstances of the student.

All course materials, including manuals and handouts are for the student's sole use and should not be copied or otherwise distributed under our copyright policies.

Please return this complete form and proof of payment to:

Th Hands On Clinic Ltd PO Box 5671 Papanui 8542 Christchurch, New Zealand

Declaration:

I have read the terms and conditions,	and hereby submit my er	nrolment form for the	Hands
On Clinic Ltd			

Signature	Date	

