

MLD Level 1 & 2 Course Enrolment Form

Personal & Professional Details:		
Title: (Mr/Mrs/Miss/Ms/Dr) Surname: Address:	First Name: Date of Birth:	
	Postcode:	
Telephone No:	Mobile No:	
E-mail Address:		
Please list any relevant qualifications you have a	lready achieved:	

Course Fees 2024

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.

Course	٧	Date	Location	Course Fees
3- Day MLD Course Level 1	Fr	ri 5 – Sun 7 April 2024	Christchurch	\$600.00
3- Day MLD Course Level 2	Fr	ri 3 – Sun 5 May 2024	Christchurch	\$550.00

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** <u>14 days</u> **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 cost such as but not limited to travel and accommodation cost.

The student may cancel the course up to 14 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 enrolment form for the Hands On Clinic Ltd

Signature

Date

