

ENROLMENT FORM / TAX INVOICE Articles Training Program

Basic Accounting Course - 2009

This form is to be completed and signed by both Principal and Articled Clerk. Please return this completed form as soon as possible **to the Articles Training Program**, together with payment of the fee of \$650 **and two passport size photos of yourself (if you have not already done so).**

PART 1 – PRINCIPAL AND CLERK TO COMPLETE

Firm Name: _____

Address: _____

Principal's Full Name: _____

Clerk's Full Name: _____

Preferred Name (for Name Tag): _____

Clerk's Mobile No: _____

Clerk's Home No: _____

E-mail Address: _____

Contact in an Emergency:
Name/Relationship: _____

Telephone No.: _____

I agree that the Director of the ATP may discuss my progress and results on any course with my Principal or the firm's HR Manager.

Dated / /2008/9 **Signed by Clerk:** _____

Dated / /2008/9 **Signed by Principal:** _____

PART 2 – PLEASE INDICATE YOUR PREFERENCES FOR BASIC ACCOUNTING COURSE

1st Preference **No** _____ **Date** _____

2nd Preference **No** _____ **Date** _____

3rd Preference **No** _____ **Date** _____

PART 3 – PAYMENT INFORMATION – BASIC ACCOUNTING COURSE

COST: \$650.00 (GST free)

- Cheque enclosed payable to the Legal Practice Board or*
- EFT to Legal Practice Board BSB 086.006 Account 50.818.2001 or*
- Credit Card*
 - Mastercard* *Visa* *Bankcard* *Expiry Date:* ____/____

Card Holder Name: _____ **Signature:** _____

Card Number: ____ / ____ / ____ / ____ **Total:** \$ _____

Upon receipt of payment, this document will become a tax invoice and Confirmation of your placement will be made.