



SUZAN JOHNSTON AUSTRALIA

QUALITY TRAINING SINCE 1959
Midtown Tower, Level 6, 246 Bourke Street, Melbourne, 3000
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E-mail: reception@sj.vic.edu.au
www.sj.vic.edu.au



FINISHING COURSE

COURSE FEES & COMMENCEMENT DATES

Past students are entitled to REPEAT this course again in the future FREE OF CHARGE!

FULL TIME

Duration: 1 Week (4 Days)
Hours: 10.00 am – 4.00 pm daily
Course Fee: \$700.00
Deposit: \$400.00
Balance: \$300.00 on commencement

Course Commencement Dates

- Monday 23 November 2020 (Monday - Thursday)
- Monday 7 December 2020 (Monday - Thursday) - School Hols
- Monday 4 January 2021 (Monday - Thursday) - School Hols
- Monday 18 January 2021 (Monday - Thursday) - School Hols
- Monday 8 February 2021 (Monday - Thursday)
- Tuesday 6 April 2021 (Tuesday - Friday) - School Hols

PART TIME

Duration: 4 Weeks (Saturdays)
Hours: Saturdays 9.00 am – 1.30 pm
Course Fee: \$700.00
Deposit: \$400.00
Balance: \$75.00 per week for 4 weeks

Course Commencement Dates

- Saturday 7 November 2020 (9.00 am – 1.30 pm)
- Saturday 30 January 2021 (9.00 am – 1.30 pm)
- Saturday 1 May 2021 (9.00 am – 1.30 pm)
- Saturday 17 July 2021 (9.00 am – 1.30 pm)

ENROLMENT FORM

NAME: _____ AGE: _____

ADDRESS: _____

POST CODE: _____ EMAIL ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

MEDICAL INFORMATION (e.g. Allergies): _____

EMERGENCY CONTACT NAME: _____ TELEPHONE: _____

DEPOSIT: The deposit of \$400.00 will secure a place in the course in which you enrolled and is deducted from the course fee. The deposit is not refundable but may be used for transfer to an alternative date. **FEES:** Please note that should you wish to withdraw from the course after commencement the full course fee will become due and payable.

CHILD SAFE STANDARDS: Suzan Johnston Australia is a Child Safe Organisation. Please refer to our Child Safe Policy and Code of Conduct for more information.

SIGNATURE: _____ DATE: _____
(Parent/guardian's signature if under 18 years of age)

If using MasterCard/Visa/American Express please fill in below:

Debit \$_____ from my: MasterCard Visa American Express

Number: Expiry Date: /

Name: _____ Cardholder's signature: _____

Office Use only:			
Date:		Fee:	
Deposit:		Confirm:	
B/book & C/log:		Consultant:	