

### BOOKING FORM (EMPLOYER / AGENCY)

COURSE NAME:		COURSE CODE:	
BOOKING DATE:		COURSE DATE:	
COURSE LOCATION:			

**PLEASE COMPLETE THIS SECTION IF YOU ARE THE EMPLOYER OR EMPLOYMENT AGENCY OF THE PARTICIPANT**

COMPANY NAME:			
COMPANY ADDRESS:		POSTCODE:	
POSTAL ADDRESS:		POSTCODE:	
CONTACT PERSON:		TELEPHONE NUMBER:	
EMAIL ADDRESS:		MOBILE NUMBER:	
PURCHASE ORDER NUMBER:			

Participant Names (please print clearly)	D.O.B.	Participant's Contact Phone Number	<u>Heavy Vehicle Courses Only</u> Please Provide Detail of Participants Drivers Licence Number & Issuing State
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If you believe any of the course participants have any special needs and will require assistance in this training course, please have the student contact us, this will ensure that we provide appropriate information on the support services available to the student.

For us to determine the Employer's/Client's needs, we offer a consultation process, where we discuss in detail any specific requirements the company may require incorporated into the training program. For example; workplace procedures; site specific equipment or machinery.

Would you like us to contact you to discuss this further? YES  NO

**SEE OVER FOR TERMS & CONDITIONS**

**SIGNATURE REQUIRED** 

**Please return this booking form to:**

**30 Wrights Road  
BUNDALONG VIC 3730  
(03) 5744 2316**

**PO Box 784 Yarrawonga, Vic 3730  
Email:  
[info@1stopdrivingschool.com.au](mailto:info@1stopdrivingschool.com.au)**

**23 Racecourse Road  
WANGARATTA VIC 3730  
(03) 5721 5307**

Payment facilities include Credit Card, EFTPOS, Cheque or Cash.

**TERMS & CONDITIONS**

1. Corporate clients, will be forwarded an authority to invoice on the terms of a 14-day account unless prior agreement has been made.
2. Should payment continue to be outstanding beyond the payment terms as stated above, the customer is responsible for all costs including any legal costs and any other fees that are incurred by 1 Stop Driving School in recovering any outstanding monies.
3. Cancellations will not be accepted without written approval from 1 Stop Driving School. A cancellation fee for the processing and acceptance of the customer's booking will be charged.
4. Should the participant not attend the course/class on the nominated day(s), full fees for that participant may be charged, unless there have been prior arrangements made with 1 Stop Driving School.

**CANCELLATION FEE STRUCTURE**

Where cancellation occurs within 72hours (3 Working Days) 10% of the course fee may be retained/payable If we are notified and you will not be rescheduling.

100% Of the course fee may be payable If cancellation occurs on the day or participant does not attend.

**NOTE:**

Dependent upon circumstances students may be offered an alternative date for training. There is no charge for a student to transfer to an alternative date provided 72 hours' notice was provided.

In the event 1 Stop Driving School is not notified of the cancellation and the student does not attend training the full course fee may be applicable, the student enrolment agreement form specifies that the student/client is liable for full course fees upon non-attendance.

**REFUNDS / RETURNS:**

A time frame of up to ten (10) days is required to process refunds, any course materials or resources supplied to students are to be returned to 1 Stop Driving School upon cancellation, alternatively the cost of the materials will be invoiced to the client. If 1 Stop Driving School cancels the training course, then a full refund will be returned to the payer.

**By signing here, I hereby agree to the above terms and conditions and request the fore mentioned position is held**

<b>Name:</b>		<b>Signature:</b>
<b>Date:</b>		



**If paying by credit card, please provide details:**       Visa       MasterCard

**Name on Card:**

**Card Number:**

**Expiry Date:**   /        **3 Digit Security Code:**         **Signature of card Holder:**



**BANK ACCOUNT DETAILS: CBA – BSB:063 537 ACCOUNT NO: 10154147 ONE STOP DRIVING SCHOOL**

**PLEASE PROVIDE A COPY OF THIS FORM ON COMPLETION TO THE APPLICANT**

*Office use only:* Credit Application Approved  YES  No

**PAYMENT OF \$** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Visa       MasterCard       Eftpos       Cheque       Cash

Invoice / Receipt Provided  YES  No

Invoice Number: \_\_\_\_\_

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