

NEW SOUTH WALES DEPARTMENT OF EDUCATION AND TRAINING
BANKSTOWN SCHOOL EDUCATION AREA OFFICE
TRAINING AND DEVELOPMENT APPLICATION FORM

ABN: 40 300 173 822

SEND APPLICATIONS TO

BANKSTOWN SCHOOL EDUCATION AREA OFFICE

FAX: 9408 8999

For GST purposes this is a "TAX INVOICE" when paid in full & OASIS receipt attached

| APPLICANT | COURSE |
|---|---------------------------------------|
| Name: _____ | Application to: _____ |
| Serial No: _____ | Course No: <u>BDO</u> _____. |
| Position: _____ | Course Title: _____ |
| School Name: _____ | Date: _____ Time: _____. |
| School Phone: _____ | Venue: _____ |
| School Fax: _____ | Cost: \$ (GST incl/orGST free) _____. |
| Principal's Signature: _____ | Closing Date: _____. |
| (I agree to forward a cheque for the required amount) | Applicant's signature: _____. |

PLEASE NOTE

- You will be notified if you are not successful or the course is cancelled. ASSUME THAT YOUR APPLICATION IS SUCCESSFUL.
- Cancellation must be made, in writing to the course organiser, 5 working days before the course or course costs will need to be met.
- If the applicant is unable to attend on the day please try to arrange a substitute.
- Please ensure that payments are brought to the course with the participant (cheques made payable to "_____School <nominated by the consultant>"). Receipts will be forwarded to your respective school.

For school use if required:
 Phone booking made Yes/No By: _____ Date: _____
 Details registered on school T&D record [.] _____