

**This form is to be completed by the designated person responsible for overseeing ASPIA training in each member organisation. It will be used to generate an invoice, and once paid, the logins and passwords will be sent to the designated contact to forward to their students.**

**Step 1:** Complete the following form and send it to [admin@aspia.com.au](mailto:admin@aspia.com.au).

**Step 2:** ASPIA Administration will send you an invoice.

**Step 3:** Make payment for the students completing the course.

**Step 4:** ASPIA Administration will send logins and passwords to students and to the Reporter.

**NOTE:** This training is currently only for ASPIA members. If your organisation is not an ASPIA member but you are interested in completing this training course, please contact [admin@aspia.com.au](mailto:admin@aspia.com.au).

### ASPIA Training Enrolment Form

<b>Company name:</b>							
<b>Reporter's (designated contact) name:</b>							
<b>Reporter's email address:</b>							
<b>Invoice details (ONLY if different from ASPIA registration details):</b>		<b>Company:</b>					
		<b>Attention:</b>					
		<b>Address 1:</b>					
		<b>Address 2:</b>					
		<b>City:</b>			<b>State:</b>		<b>P'Code:</b>
<b>Student details:</b>		<i>\$100 each plus GST for first five students \$295 each plus GST for consecutive students</i>					
<b>#1</b>	<b>Name:</b>					<b>\$100</b>	
	<b>Email:</b>						
	<b>Job title:</b>						
	<b>Length of experience in industry:</b>						
<b>#2</b>	<b>Name:</b>					<b>\$100</b>	
	<b>Email:</b>						
	<b>Job title:</b>						
	<b>Length of experience in industry:</b>						
<b>#3</b>	<b>Name:</b>					<b>\$100</b>	
	<b>Email:</b>						
	<b>Job title:</b>						
	<b>Length of experience in industry:</b>						

## ASPIA Training Enrolment Form (con't)

#4	Name:		\$100
	Email:		
	Job title:		
#5	Length of experience in industry:		\$100
	Name:		
	Email:		
#6	Job title:		\$295
	Length of experience in industry:		
	Name:		
#7	Email:		\$295
	Job title:		
	Length of experience in industry:		
	Name:		
#8			\$295
	Name:		
	Email:		
#9	Job title:		\$295
	Length of experience in industry:		
	Name:		
#10	Email:		\$295
	Job title:		
	Length of experience in industry:		
	Name:		

*Insert additional rows for student details, if required.*

**When complete, please send this form to [admin@aspia.com.au](mailto:admin@aspia.com.au).**

An invoice will then be raised, and once payment is received, logins and passwords will be sent to the Reporter and students.

If you have any queries, contact 03 9867 0227.

***Thank you for enrolling these students.***