



Short Course Application Form

Closing date two weeks prior to course commencement. Late applications considered.

Course Details

Short Course Name _____

Commencement Date _____

Applicant Details

Full Name _____ Preferred Name _____ Male Female (please tick)

Postal Address _____

City _State _____ Postcode _____

Tel. (Work) _____ (Home) _____ Mobile _____

Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

Any Educational standard/qualifications relevant to this course? _____

How did you first hear about this course?

Mayfield Website Friend Work Colleague Mailout

Advertisement (Please specify ie public transport/newspaper/journal/radio) _____

I am a past student of Mayfield Other _____

Emergency Contact

Contact Name _____

Telephone Number _____

Send to:
Student Services
Mayfield Education
2-10 Camberwell Road
Hawthorn East Vic 3123

Phone: (03) 9882 7644
Email: studentservices@mayfield.edu.au
Website: www.mayfield.edu.au