

Student Registration Form

To register for a course, please complete and sign this form. By completing this form, you give The Career Academy International permission to process an enrolment on your behalf. On submission of this form, your application will be processed, and you will receive confirmation of your enrolment including your course login details within two working days.

1. Student Details

First Name

Last Name

Date of Birth

/ /

Email Address

Phone Number

Residential Address

Course Name

2. Payment Details *(Pay in full via Credit Card)*

Card Number

Authorisation

- I confirm that I have authority over this bank card, and that it can be operated severally.

Card Code (CVC)

Expiry Date

/

3. Additional Registration Details *(Please tick)*

- I have read and agree to The Career Academy's terms and conditions and student declaration.
- I have no medical conditions, learning difficulties or other conditions which may impact on my ability to complete my course.

Please email this form to: enrol@thecareeracademy.com & then

Complete your student declaration by clicking this link: <http://bit.ly/tcaglobalsp>