

Enrolment Form

Please refer to the inside back cover for conditions of enrolment, fees and cancellation policy.

Surname First Name

Home Address Post Code

Phone (Home) (Work) (Mobile)

Email

Are you a citizen or permanent resident of NZ or Australia? Yes No

Age 16-19 20-29 30-39 40-49 50-59 60+

Ethnic Group NZ European/Pakeha Maori Asian NZ Pacific Other

Sex Female Male

Code	Name of Course	Fee (incl. GST)
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Please charge to my Mastercard or Visa

Signature Card Expiry Date

Post to CEC PO Box 4035 Wellington 6140 or enrol online at www.cecwellington.ac.nz