

## WRITTEN COURSE COST AGREEMENT

The details of your offer are as stated in the table below. This document ensures your Consumer rights are protected under Australian law.

Please check that these are correct and contact the person referred to in the cover letter of this offer if any changes are required.

<i>Student Name:</i>	
<i>Student Number:</i>	
<i>Address:</i>	
<i>Date of Birth:</i>	
<i>Qualification/ Course:</i>	<i>Clinical Hypnosis and Strategic Psychotherapy</i>
<i>Duration of course:</i>	<i>40 weeks</i>
<i>Cost of course:</i>	
<i>Deposit / Payment Terms</i>	
<i>Total cost of course:</i>	
<i>Credit Transfer or National Recognition application:</i>	
<i>Recognition of Prior Learning application:</i>	

This document sets out the written course cost agreement between you, the student and AICH.

Sign one copy for your records and return the other signed copy along with your deposit to the person specified in the covering letter.

By signing this acceptance you agree to the following:

- *That you have read understood and agree to the Terms and Conditions of enrolment as outlined in the student handbook.*
- *The Fees, Charges and Refund Policy outlined in the student handbook and terms and agreement.*
- *The details of your enrolment as set out above are correct.*
- *That you have read, understood and agree to all of AICH's policies and procedures in the Student Handbook provided.*
- *That you have notified Epiphany Learning if you have currently or previously been diagnosed with any mental health issues.*
- *You have the financial capacity to meet all tuition fees and agree to pay fees as they become due.*
- *You have included certified documents to meet the conditions of your offer (if applicable);*
- *You have included your enrolment deposit.*

*I, hereby:*

- Accept the offer as outlined in this Written Agreement*
- Choose the following payment method for payment of fees:*
- Direct Debit*
- Invoice*
- \_\_\_\_\_

**Student to complete**

*Student Signed:*

*Printed Name:*

*Date: / /*

**AICH to complete**

*AICH Signature:*

*Date:*

*Printed Name:*