



FINESSE

LEADERSHIP ACADEMY

*empower * encourage * enrich*

Participant

Family

First Name

D.O.B

DD/MM/YYYY

Phone

Email

Residential Address

Street

Suburb

STATE

POSTCODE

Phone

Email

Postal Address (if Different to Above)

Street

Suburb

STATE

POSTCODE

Parent / Guardian details (if under 18)

Name

Contact number

Relationship to the participant

Please list any relevant medical information or special requirements:

Emergency Contact Information

| | |
|-----------------------------|----------------------|
| Name and contact number | <input type="text"/> |
| Relationship to participant | <input type="text"/> |

Do you give Finesse Leadership Academy permission to seek medical assistance on your behalf ?

Yes

No

Please list any food allergies or dietary requirements:

How did you hear about Finesse Leadership Academy?

Please indicate if a parent or guardian will be attending the graduation ceremony

If yes, how many people will be attending the graduation ceremony? _____

PAYMENT INFORMATION

* Course fees are to be paid in full one week prior to the commencement date *

Please indicate your preferred payment method:

IN FULL

INSTALLMENTS

Payments can be made via Direct Debit

Teachers Mutual Bank

Finesse Banking Details: Finesse Leadership Academy

BSB: 812170

ACCT NO.: 1173118S2.4

Participant / Guardian Signature _____

Date