



Business Coalition for Women

T: +675 74593108 / E: communications@pngbcfw.org



BSB40520: CERTIFICATE IV IN LEADERSHIP AND MANAGEMENT COURSE Cohort 20 REGISTRATION FORM

STUDENT INFORMATION				
Last Name:		First Name:		Middle Initial:
Address:			Birth Date: (dd/mm/yy)	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Email:		Home Phone No.:		Mobile No.:
Occupation:		Employer:		
Employer Address:		Employer Phone No:		
Line Manager Information				
Line Manager Name: _____ Job title: _____				
Contact number: _____ Email: _____				
Employer authorized Signature: _____ Date: ____/____/____				
REGISTRATION FEES / PAYMENT DETAILS / TRANSFER & REFUND POLICY				
<ul style="list-style-type: none"> Please complete one form per student. Your registration fee includes admission to the Certificate IV in Leadership and Management Course Refunds – All requests for refunds must be made in writing to the Business Coalition for Women. Full refunds will be issued to requests received before 13 April 2022. NO refunds will be made to requests received after the 13 April 2022 ALL participants are required to committee 6 hours weekly (Mondays & Tuesdays) during course duration of 29 weeks to be eligible to graduate. 				
Course Fee: PGK15,000 Course Benefits; <ul style="list-style-type: none"> Australian standard Certificate IV accreditation Stepping stone to Diploma in Leadership & Management 29 weeks course every Monday & Tuesday 6 hours weekly (Monday 3 hours & Tuesday 3 hours) One-on- one mentorship with facilitators for 6 and half months Exposure tp BCFW membership & alumni network 		Payment Instructions: <input type="checkbox"/> Cheque payment payable to PNG Business Coalition for Women <input type="checkbox"/> Direct deposit to: PNG Business Coalition for Women Bank South Pacific Account No. 7002072473 Routing No.294 Branch No. Port Moresby		
PLEASE SUBMIT COMPLETED FORM AND PAYMENT TO:				
Business Coalition for Women Email completed Registration Form to communications@pngbcfw.org				
OFFICE USE ONLY:				
COHORT: 20	RECEIVED BY (NAME & SIGNATURE): _____			DATE: ____/____/____
PAYMENTS RECEIVED BY(NAME): _____			DATE PAYMENTS RECEIVED: ____/____/____	