



WSET COURSE ENROLMENT FORM

Given Name: _____ **Surname Name:** _____

Please ensure that your names are written exactly as you wish for them to appear on any correspondence or certificates from the WSET

Email: _____

Phone: _____ **Date of Birth:** _____

Home Address: _____

WSET Course Level: _____

Start Date: _____ **Course Cost:** _____

Do you have any special medical conditions that we should be aware of (e.g medication, allergies, heart conditions etc.)?

Should you have any special examination condition requirements due to dyslexia or other medical reasons, please provide details here and include supporting documentation such as a doctor's certificate, medical letters, or other healthcare info

Alcohol will be tasted in each session which may impair your ability to drive or operate machinery. It is the candidates plan transportation and act responsibly. I understand

I understand that information collected is shared with WSET in accordance with National Privacy Principles and Information Privacy Principles on 12 March 2014

I hereby certify that all of the information provided on this form is correct and that I accept all of the terms and conditions above.

Signature: _____ **Date:** _____

Your WSET booking has not been accepted until payment is received.

EFT PAYMENTS

Account Name: School of Wine Pty Ltd
Bank: National Australia Bank, West Perth
REF: WSET COURSE (+ YOUR SURNAME)
BSB: 086 492
Account No: 323676443

Please forward a screenshot as text or email using the below contact details

SCHOOL OF WINE

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www.schoolofwine.com.au

ABN: 62791598167