**CK™ 2 APPLICATION FORM**

**SAVE the blank application to a folder on your computer, then fill in all the items & SAVE again. Send email with the filled in form attached to** **ckt@ckt.com.au****. Alternatively, fill it in, print it out & post to Gordon Dickson, CK Training, P.O. Box 667, Buddina Qld 4575**

**Name:**

**Address:**

**Telephone: (Specify if home, work &/or mobile)**

**Email:**

**Date of CK1 Workshop completed:**

[ ] I have completed CK1 training including all of the workbooks and worksheets (competency assessments not required).

**Date and Location of CK2 Workshop applying for:**

**Payment details (all prices GST inclusive):**

[ ] Complete CK™2 Training ‘Pay As You Go': I agree for 4 monthly payments of $265 for 4 months, and a final payment of $133, to be automatically debited from the following credit card, or paid by monthly bank transfer, to cover the complete CK2 training, including competency assessments (total = $1193) $265/mth

 *On receipt of the application form with either credit card details or emailed notification of your bank’s transfer record for the first payment, workbooks 1 & 2 will be sent out by the distance education commencement date (or ASAP thereafter for a late start). Subsequent payments will be made monthly after this on the first of the month.*

**Method of payment:**

[ ] Credit Card: VISA: \_\_\_ MasterCard: \_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_\_\_

Card Number: \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Bank Transfer to:

Bank: Commonwealth Bank of Australia

Account Name: Integrated Health Kinesiology

 BSB: 064 447 Account No: 1009 1485

 (please include your name in the account description or payment advice and
 email your bank ‘s transfer record to ckt@ckt.com.au)

Please fill in the brackets **[ ]** with a **[yes]** to confirm your agreement