

The details we need

Title (Mr/Mrs/Miss/Ms): _____ Name: _____ Surname: _____

School you are associated with: _____

ADDRESS - Street: _____ Suburb: _____ State: _____ Code: _____

TELEPHONE - (W) _____ (H) _____ (M) _____

EMAIL ADDRESS - _____

I participated in the CCE at: _____ Date: _____

To qualify for the Certificate of Christian Education you must participate in the training. You must also then submit this application and pay the \$25 certificate administration fee for the printing and delivery of your certificate. Once your application has been assessed, the certificate will be posted to you.

<input type="checkbox"/> Please find enclosed my Cheque/Money order for AU\$25 OR
<input type="checkbox"/> Please debit my Mastercard / Visa AU\$25 (<i>circle one</i>)
Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _
Name on card:..... Expiry date:.....
Cardholder's Signature:.....

I have completed this form and acknowledge that the information provided is accurate.

Applicant's Signature: _____ Date: _____

Please send completed application to admin@nice.edu.au or PO Box 7000 Blacktown, NSW 2148



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