

Reg ID	0			Date & Time	
ID	Course #	Course Type	Location		Date
Name					
DOB				Gender	Please Select
Ethnicity	Please Select			ESL	No
Street				Mobile	
Suburb				Work	
Town/City				Home	
Post Code				Email	
Premises				Position	
Payment Option		Please Select		Order Number	
Invoice #		Paid		EKey	Postal
Notes					
NZQA #				Materials Sent	
Card Name				Letter Emailed	
Classroom			Correspondence		
Deferred				WB Received	
New Course				WB Returned	
New Date				EK Expiry	
Assessment					
Exam Date			Resit 1 Date		
Notes:					