|  |  |
| --- | --- |
| Legal First name | Click or tap here to enter text. |
| Legal surname  | Click or tap here to enter text. |
| Preferred name  | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Place of work/volunteer site | Click or tap here to enter text. |
| Programme  | Choose an item. |
| Why do you want to do this programme?  | Click or tap here to enter text. |



2020 Short Course Enrolment Form

Welcome to Kalandra Education Group.

This Enrolment form is for the following courses:

* Volunteer Certificate
* Complementary Health Covid-19 Presentation

**To Enrol:**

* Complete each of the above sections
* Email to online@kalandra.ac.nz

Please keep a copy for your own records

|  |  |
| --- | --- |
| Legal First name | Click or tap here to enter text. |
| Legal surname  | Click or tap here to enter text. |
| Preferred name  | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Place of work/volunteer site | Click or tap here to enter text. |
| Programme  | Choose an item. |
| Why do you want to do this programme?  | Click or tap here to enter text. |