

FONI T POLLITT

Wine Educator

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

First Name: _____ Middle Name: _____

Last Name: _____

Email: _____

Contact Telephone Number: _____

Home Address: _____

Date of Birth: _____

WSET Level & Start Date: _____

Amount: \$ _____

Please Pay To: CBA BSB: 066-125 ACC NO: 1050 8880

Please mark your preference style and time of learning:

Intensive Night Time Day Time Saturday

Please provide details of any medical conditions that might affect your ability to attend and participate in these courses (e.g. allergies, regular medication etc.):

Should you have any special examination condition requirements due to dyslexia or other medical reasons, please provide details here and include supporting documentation, e.g. a doctor's certificate or similar:

All teaching sessions include the tasting of alcohol and I fully understand that my subsequent ability to drive or operate machinery could be impaired.

I understand

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.

