

## ENROLMENT FORM

<b>1. NAME OF COURSE IN WHICH YOU ARE ENROLLING:</b>
_____
<b>2. NAME</b>
SURNAME _____
GIVEN NAME _____
<b>3. DATE OF BIRTH</b>
_____/_____/_____ DD/MM/YYYY
<b>4. ADDRESS</b>
NO & STREET _____
SUBURB _____
STATE _____ PCODE _____
PHONE (hm) _____
(wk) _____
(mobile) _____
EMAIL _____
<b>5. SEX</b>
<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE
<b>6. DISABILITY</b>
Do you consider yourself to have a disability, impairment or long term condition?
<input type="checkbox"/> YES
<input type="checkbox"/> NO
If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)
<input type="checkbox"/> HEARING/DEAFNESS
<input type="checkbox"/> PHYSICAL
<input type="checkbox"/> INTELLECTUAL
<input type="checkbox"/> LEARNING
<input type="checkbox"/> MENTAL ILLNESS
<input type="checkbox"/> ACQUIRED BRAIN IMPAIRMENT
<input type="checkbox"/> VISION
<input type="checkbox"/> MEDICAL CONDITION
<input type="checkbox"/> OTHER

<b>7. CITIZENSHIP</b>
Were you born in Australia?
<input type="checkbox"/> YES
<input type="checkbox"/> NO Please specify country _____
I am:
<input type="checkbox"/> AN AUSTRALIAN CITIZEN
<input type="checkbox"/> A NEW ZEALAND CITIZEN
<input type="checkbox"/> AN AUSTRALIAN PERMANENT
<input type="checkbox"/> A TEMPORARY RESIDENT
<b>8. EQUITY GROUP DETAILS</b>
Of the following categories, which best describe your circumstances? (more than one box may be ticked)
<input type="checkbox"/> UNEMPLOYED < 12 MTHS
<input type="checkbox"/> UNEMPLOYED > 12 MTHS
<input type="checkbox"/> SOLE PARENT
<input type="checkbox"/> NON ENGLISH SPEAKING BACKGROUND
<input type="checkbox"/> WOMAN RETURNING TO THE WORKFORCE
<input type="checkbox"/> MATURE AGE STUDENT (40+ yes, we know we know)
<input type="checkbox"/> ABORIGINAL
<input type="checkbox"/> TORRES STRAIGHT ISLANDER
<input type="checkbox"/> EARLY SCHOOL LEAVER AGED UNDER 25
<input type="checkbox"/> OTHER MINORITY GROUP
<input type="checkbox"/>
<b>9. SCHOOLING</b>
What is your highest COMPLETED school level? (Tick ONE box only).
<input type="checkbox"/> COMPLETED YEAR 12
<input type="checkbox"/> COMPLETED YEAR 11
<input type="checkbox"/> COMPLETED YEAR 10
<input type="checkbox"/> COMPLETED YEAR 9 or LOWER
In which year did you complete this school level? _____
ARE YOU STILL ATTENDING SECONDARY SCHOOL?
<input type="checkbox"/> YES
<input type="checkbox"/> NO

### 10. PRIOR ACHIEVEMENTS

Have you **SUCCESSFULLY COMPLETED** any of the following qualifications?

- YES  
 NO

If YES, then tick ANY applicable boxes.

- BACHELOR DEGREE OR HIGHER DEGREE  
 ADVANCED DIPLOMA OR ASSOCIATE DEGREE  
 DIPLOMA (OR ASSOCIATE DIPLOMA)  
 CERTIFICATE IV (OR ADVANCED CERTIFICATE/TECHNICIAN)  
 CERTIFICATE III (OR TRADE CERTIFICATE)  
 CERTIFICATE II  
 CERTIFICATE I  
 CERTIFICATES OTHER THAN THE ABOVE

Please specify course name:

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### 11. RECOGNITION OF PRIOR LEARNING

Do you wish to apply for recognition of prior learning?

- YES (Please obtain application kit)  
 NO (Go to part 13)

Do you wish to apply for exemptions/direct credit?

- YES (Go to question 12)  
 NO

### 12. EXEMPTIONS/DIRECT CREDITS

Are you applying for exemptions for the whole of this course or for selected modules only?

- WHOLE OF COURSE  
 SELECTED MODULES

Name of qualification previously achieved:

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Name and address of training institution:

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Please provide a **CERTIFIED COPY** of your qualification / academic transcript.

### 13. PRIVACY POLICY

NOTE: The information requested in this form will be used for research, statistical and internal management purposes only. In supplying the requested information, the participant is deemed to have consented to the use of that information for those purposes.

As a client of Learning Options, I understand that I am required to provide personal information in order to receive services by Learning Options. The information I am required to give includes:

- Name
- Address
- Telephone
- Age
- Employment history
- Education and qualifications
- Information to determine the level of assistance you may require

Should you not be willing to provide this information to Learning Options please understand that we will not be able to provide you with services. Your information will be securely stored and only made available to other employees/contractors of Learning Options, the state training authority or other training regulatory bodies. Should you have any questions relating to your information please ask your trainer.

- TICK HERE IF YOU DO NOT WISH TO RECEIVE INFORMATION IN THE FUTURE REGARDING LEARNING OPTIONS PRODUCTS & SERVICES.**

### 14. FEES

**NOTE: Course enrolment incurs a student fee.**

**Your enrolment fee is \$ \_\_\_\_\_. An invoice will be generated within the next 7 days. Fee refunds are subject to the refund policy.**

Where a participant ceases training of their own volition prior to the midway point of the program, the refund must be applied for (ie. It is not automatic) and made at the rate of 50% of the total fee payment.

Where a participant ceases training of their own volition after the midway point of the program, no refund is payable.

- *This applies irrespective of whether the participant has actually attended classes or not.*
- *Fee refunds will be calculated from the date the participant officially notifies Learning Options of their withdrawal from the program.*

Learning Options will retain a \$30 administration charge in addition to the pro rata amount calculated as above.

- TICK HERE IF YOU HAVE A HEALTH CARE CARD.**

(Participant's signature)

\_\_\_\_\_

(Date)

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