# - Ph: 1300 559 064 - ENROLMENT FORM

# STUDENT DETAILS - Please fill out ALL areas

| LANGUAGE AND CULTURE                  | 1. In which country were you born?  |                                      |  | ☐ Austra                          | lia L   | Other – Please                          | specify:                                     |                       |
|---------------------------------------|---|--------------------------------------|--|-----------------------------------|---|---|--|-----------------------|
|                                       | 2. Do you speak a language other than English at home?  If more than one language, indicate the one spoken most often.  3. Are you of Aboriginal or Torres Strait Islander origin?  Persons from both origins, tick both Yes boxes.   |                                      |  |                                   | ☐ Yes other – Please specify: ☐ No, English only (Go to Question 4) |   |  |                       |
|                                       |   |                                      |  | ☐ Yes, A                          | poriginal [   | Yes, Torres St                          | rait Islander                                | No (Next Question)    |
|                                       |   |                                      | – Please tick  | area/s fron                       | n below:  | ☐ No (Next Ques                         | stion)                                       |                       |
|                                       | disability, impairment, o condition?  | ☐ Hea                                | ring/deaf  | ☐ Physic                          | cal   | ☐ Intellectual                          | Learning                                     |                       |
|                                       | If yes, you may indicate more that<br>the disability supplement in the stu  | to Med                               | ical conditio  | ☐ Acquir                          | red brain impairm   | ent                                     | ☐ Vision                                     |                       |
|                                       | explanation of the following disabi<br>allenstraining.com.au  | Mental Illness                       |  | Other                             | Other – Please specify:   |   |  |                       |
| SCHOOLING AND PREVIOUS QUALIFICATIONS | 5. What is your highest CO  |                                      | Year 1   | 12 or equivalent                  | Year 9 or   | equivalent                              |  |                       |
|                                       | Tick ONE box only.  If you are currently enrolled in secondary education, the Highest school level or refers to the highest school level you have actually completed and not the level currently undertaking. For example, if you are currently in Year 10 the Highest level completed is Year 9. |                                      |  | completed                         | ☐ Year 1  | 11 or equivalent                        | ☐ Year 8 or                                  | below                 |
|                                       |   |                                      |  | el you are                        | ☐ Year 1  | 10 or equivalent                        | □ Never att                                  | ended school          |
|                                       | 6. Are you still enrolled in s  | education?                           | ☐ Yes  | ☐ No - Pleas                      | e specify what yea  | ar you left:                            |  |                       |
|                                       | 7. Have you<br>SUCCESSFULLY   | ox/s below:                          |  | □ No (N                           | ext Question)   |   |  |                       |
|                                       | completed any other   | ☐ Bachelor Deg                       | Bachelor Degree or Higher Degree   |                                   | Certifi   | cate IV (or Advar                       | nced Certificate/Tec                         | hnician)              |
|                                       | Tick ANY hox applicable   |                                      | oma or Associa   | -                                 |   | cate III (or Trade                      | •  |                       |
|                                       | non in a box approaches   | ☐ Diploma (or A                      | Associate Diplor   | ma)                               | ☐ Certificate II ☐ Certificate I                                    |   |  | ) l                   |
|                                       |   | Other educat                         | ion (including certi   | ficates or oversea                | es qualifications   | not listed above)                       |  |                       |
|                                       | 8. Of the following categori<br>BEST describes your cur   | ☐ Full time                          | employee   |                                   | ☐ Emp   | loyed – unpaid worl                     | ker in a family business                     |                       |
|                                       | employment status?  |                                      | ☐ Part time employee   |                                   |   | ☐ Uner                                  | nployed – seeking f                          | full time work        |
|                                       | Tick ONE box only.  For casual, seasonal, contract and  | Self-employed – not employing others |  |                                   | ers 🔲 Uner  | ☐ Unemployed – seeking part time work   |  |                       |
|                                       | current number of hours worked p<br>whether full time (35 hours or mon<br>time employed (less than 35 hours   | ☐ Self-empl                          | Self-employed – employing others   |                                   | ☐ Not €   | ☐ Not employed – not seeking employment |  |                       |
|                                       | 9. Of the following categori  | es, select the                       | ☐ To get a j   | job                               |   | ☐ For p                                 | personal interest or                         | self-development      |
|                                       | one which BEST describes the main reason you are undertaking this   |                                      |  | ☐ To develop my existing business |   | ☐ It wa                                 | ☐ It was a requirement of my job             |                       |
|                                       |   |                                      |  | ☐ To start my own business        |   | 🔲 I war                                 | ☐ I wanted extra skills for my job           |                       |
|                                       | Tick ONE box only.  | ☐ To try for                         | ☐ To try for a different career  |                                   | ☐ To ge   | ☐ To get into another course of study   |  |                       |
|                                       | ☐ To ge   |                                      |  | To get a better job or promotion  |   | ☐ To ge                                 | ☐ To get skills for community/voluntary work |                       |
|                                       |   | asons:                               |  |                                   |   |   |  |                       |
|                                       | There is a <u>student survey</u> which is a short questionnaire aimed at gathering feedback from course participants to be  There is important informa arranged <i>prior to undertak</i> social needs, reasonable a appeal against the assess   |                                      |  | king the cours<br>adjustments     | se and the as<br>to assessme  | ssessment. This                         | includes special ge                          | ographic financial or |
|                                       | used in our continuous Please go t  |                                      | to: allenstraining.com.au and ensure you read the <u>student handbook</u> and the <u>course</u><br><u>n</u> relevant to this course. |                                   |   |   |  |                       |

### STUDENT DETAILS

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

For full information, the Privacy notice at Schedule 1 of the VET Data Policy is provided in the Allens Training Ptv Ltd student handbook.

INFORMATION & DECLARATION

PRIVACY NOTICE

You must be aware of the specific requirements for this course before you start the course.

The student handbook contains information which must be read and understood before starting. Please go to allenstraining.com,au to locate the student handbook. We suggest you download and print this for easy reference.

To be awarded the statement of attainment for this course, you must have a USI, provide all of the information requested in this document and satisfactorily complete and be found competent in all physical/practical and theory assessments. Discuss any concerns about your capability with your trainer before beginning.

IMPORTANT - By continuing with this form, you agree to declare that you have been fully informed of, and understand, all of the specific assessment and physical requirements of this course and are able to meet those requirements, and you accept the terms and conditions as stated on the Allens Training Pty Ltd website.

### \*\* COMPLETE ALL AREAS - USE A BLACK OR BLUE PEN - PRINT BLOCK LETTERS - CLEARLY AND NEATLY \*\*

| ISN              | Under legislation you r<br>of attainment. We are a<br>Forgotten your USI? Go  | ilso requi | red to | include your US  | l in the data we sub                   |                |          |        |         |        |       |           |            |            |          | nt |
|------------------|---|------------|--------|--|--|----------------|----------|--------|---------|--------|-------|-----------|------------|------------|----------|----|
|                  | Unique Student<br>Identifier (USI):   |            |        |  | usi.gov.au/your-usi/create-us          |                |          |        |         | usi    |       |           |            |            |          |    |
| S                | Please write the name used for your Unique Student Identifier (USI).  |            |        |  |  |                |          |        |         |        |       |           |            |            |          |    |
| PERSONAL DETAILS | First name/s:   |            |        |  |  |                |          |        |         |        |       |           |            |            |          |    |
|                  | Last name:  |            |        |  |  |                |          |        |         |        |       |           |            |            |          |    |
|                  | Date of birth:<br>(day/month/year)  | 1          |        | 1  | Gender:                                | Tick ONE only  | - 🗆      | Female | M       | lale 🗀 | Other | (indeterm | inate/inte | ersex/unsp | ecified) |    |
|                  | Gender information: ag.gov.au/rights-and-protections/publications/australian-government-guidelines-recognition-sex-and-gender |            |        |  |  |                |          |        |         |        |       |           |            |            |          |    |
|                  | Mobile phone:   |            |        | - Angeles and Ange | Landline phone:                        |                |          |        |         |        |       |           |            |            |          |    |
| CONTACT          | *Email:   |            |        |  |  |                |          |        |         |        |       |           |            |            |          |    |
|                  | *PLEASE NOTE: You<br>Each student must have<br>correct. Please double c<br>incorrect or unclear emai                          | their own  | indivi | dual email addre<br>ave written it CC  | ess, Students canno<br>PRRECTLY AND IT | ot share an er | nail. It | is imp | erative | to pro |       |           |            |            |          |    |

| NTIAL ADDRESS | Provide your PHYSICAL ADDRESS (not post-office box) where you USUALLY reside e.g. not a temporary address whilst doing the course, work or other purposes before returning home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. <i>Building/property name</i> is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site. Only fill out relevant fields, leave irrelevant areas blank. |                                  |                            |                         |  |  |  |  |  |  |  |
|---------------|--|----------------------------------|----------------------------|-------------------------|--|--|--|--|--|--|--|
|               | Building/property<br>name: (if applicable)   |                                  |                            |                         |  |  |  |  |  |  |  |
| RESIDENTIAL   |  | Flat or unit:<br>(if applicable) | Street:<br>(if applicable) | Lot:<br>(if applicable) |  |  |  |  |  |  |  |
| USUAL RE      | Street name:   |                                  |                            |                         |  |  |  |  |  |  |  |
|               | Suburb, locality,<br>or town:  |                                  |                            |                         |  |  |  |  |  |  |  |
|               | State or Territory:  |                                  |                            | Postcode:               |  |  |  |  |  |  |  |

# **Accredited Course Cancellation Policy**

## If You need to Cancel

- Cancel 48 hours or more before the course starts → Full refund
- Cancel less than 48 hours before the course → \$50 admin fee applies as a cancellation fee, unless you provide a medical certificate or have a serious reason

### If We Cancel the Course

- You'll get a full refund or can transfer to another course
- We'll let you know at least 7 days before the start date

# **How to Request**

### Include:

- Your name and course
- Reason for cancelling
- Any documents (e.g. medical certificate)

# **Special Circumstances**

If something serious happens (illness, loss, etc.), we'll look at your case individually. Just send us the details.