

🔠 (02) 6257 7088

🔀 training@lead.asn.au

ENROLMENT FORM

Personal Details		
Title: OMr. OMrs OMs Surnal	me: First Name:	Middle Name:
RESIDENTIAL ADDRESS (NOT POST C	OFFICE ADDRESS)	
Address:		Suburb:
State/Territory:		Postcode:
WHAT IS YOUR POSTAL ADDRESS (if	different from above)?	
Same as Residential Address	ase tick if postal address is the same as	residential address
Address:		Suburb:
State/Territory:		Postcode:
Date of Birth:	Country and Town of Birth:	
Gender: OMale OFemale ONo	t Specified Other:	
Phone (Home):	Mobile: Em	ail:
Emergency Full Name:		
Contact: Relationship:		Phone/Mobile:
Disability		
	ability, impairment or long-term condition	
If you indicated the presence of a disab (You may indicate more than one area)		please select the area(s) in the following list:
Hearing/deaf	Physical	Intellectual
Learning	Mental illness	Acquired brain impairment
Vision	Medical Condition	Other:
To assist your Trainer please indicate	any support requirements you would lik	e incorporated into your training plan.
Employment Details		
Of the following categories, which BES	ST describes your current employment s	tatus?
Full-time employee	ployed-Not employed by others	Unemployed-seeking full-time work
Part-time employee	ed-unpaid worker in a family business	Not employed-not seeking employment
Employer Unemployed-seeking part-time work		
Current Employer Details		
Fill this section in if you are currently employed in any capacity		
Business name:		ABN:
Addrose		Suburb:
State/Territory:		



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Emplo	oyment l	Details	(Cont'd)
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Current Employer Details

LEAD RTO will contact your workplace supervisor to assess your competence in the workplace Supervisors Name:

Phone Number:

Email ID:

Course Information

Course Name:		Course Code:
Learning Method: Online OClassroom		
Classroom details (if applicable): Venue:		Course Dates:
Do you wish to apply for RPL and/or Credit T	ransfer for any of the units listed as part	of this course?
RPL/RCC: Yes No	Credit Transfer: OYes ONo	
(Please refer to the Student Handbook on the LEAD website for an explanation of RPL and/or Credit Transfer)		

Nationality			
In which Country were you born?	Australia Yes No Other –please specify:		
In which Town/City	/ where you born?	What is your Residency Statu	s?
		Australian Citizen	◯Yes ◯No
		Permanent Resident	◯Yes ◯No ◯N/A
Other – please spe	cify Nationality and Visa Numb	er	
	****You will need to	provide evidence of Residency status or Visa	****

Language and Cuttural Di	versity		
Are you of Aboriginal or Torres Strait Islander origin?	◯Yes, Aboriginal◯Yes, Torres Strait Islander	○No ○No	(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) No English only Yes, other – please specify:			
How well do you speak Englis	h? ONot at all ONot wel	I OVery w	ell OWell
Schooling			
	PLETED school level? olete that school level? e.g. 2015 nd or are CURRENTLY attending		

- → Are you still attending secondary school?
- → Are you an Australian School Based Apprentice (ASBA)?
- As an ASBA will you be maintaining your minimum hours of work throughout the school holidays with your employer?
- → If you are under 24 years, might you consider yourself to be a "youth at risk"?

No

No

No

◯N/A

○N/A

Yes Yes

Yes

OYes ONo



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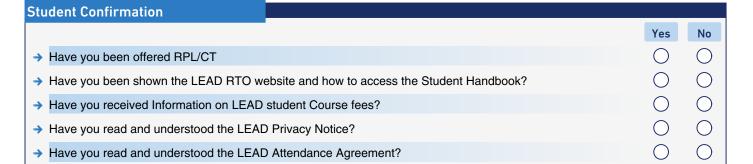
Previous Qualifications Achieved			
Have you SUCCESSFULLY completed any of If YES, then tick ANY applicable boxes.	of the foll	owing qualifications? OYes ON	lo
Bachelor Degree or Higher		Advanced Diploma or As	sociate Degree
Diploma (or Associate Diploma)		Certificate IV (or Advance	d certificate/technician)
Certificate III (or trade certificate)		Certificate II	Certificate I
Certificate other than above:			
Study Reason			
Select one of the following categories, which apprenticeship?	n BEST de	escribes your main reason for undertaking	this course/traineeship/
⊖To develop my existing business	ОТо	start my own business	OTo try for a different career
○To get a promotion	◯lt w	as a requirement of my job	OI want extra skills for my job
OTo get another course of study	OFor	personal interest or self-development	
Other reasons:			
Unique Student Identifier (USI)?			
○Yes ○No If YES please provide it h	nere:		
Please Note: Since 1 January 2015, LEAD RT Statement of Attainment training if you do no for it directly at http://www.usi.gov.au/create	t have a L	Inique Student Identifier (USI). If you have n	-
Identification A copy of your photographic ID MUST be pro Please select which form of photographic ID			
Drivers Licence Passport Cer	rtificate of	f Identity Other, specify:	
Privacy Notice			
Under the Data Provision Requirements 2012, about you and to disclose that personal information			
Your personal information (including the person used or disclosed by LEAD RTO for statistical, these purposes to third parties, including:			
Employer – if you are enrolled in train	ning paid b y governm	ient departments and authorised agencies;	ticeship or traineeship;
 facilitating statistics and research relation understanding how the VET market or 	ualification ating to ed operates, f	n, and populating authenticated VET transcri	information; and

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

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Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature		Date
Parent/ Guardian Signature		Parent/Guardian Name
Note: Parental consent is required if the student is under the age of 18.		

Payment Details

I require an invoice before supplying payment:

Yes No (if no select a payment method below)

Select one of the following as your method of payment:

My Employer will provide payment details

A tax invoice will be sent to you confirming your payment.

Please forward this enrolment form, a copy of your driver's licence and/or passport as proof of ID, and a copy of the direct deposit transaction (if applicable) to: training@lead.asn.au