



ENROLMENT FORM

Personal Details

Title: Mr. Mrs Ms Surname: _____ First Name: _____ Middle Name: _____

RESIDENTIAL ADDRESS (NOT POST OFFICE ADDRESS)

Address: _____ Suburb: _____

State/Territory: _____ Postcode: _____

WHAT IS YOUR POSTAL ADDRESS (if different from above)?

Same as Residential Address please tick if postal address is the same as residential address

Address: _____ Suburb: _____

State/Territory: _____ Postcode: _____

Date of Birth: _____ Country and Town of Birth: _____

Gender: Male Female Not Specified Other: _____

Phone (Home): _____ Mobile: _____ Email: _____

Emergency Contact: Full Name: _____

Relationship: _____ Phone/Mobile: _____

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/deaf | <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: _____ |

To assist your Trainer please indicate any support requirements you would like incorporated into your training plan.

Employment Details

Of the following categories, which BEST describes your current employment status?

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Self-employed-Not employed by others | <input type="checkbox"/> Unemployed-seeking full-time work |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Employed-unpaid worker in a family business | <input type="checkbox"/> Not employed-not seeking employment |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed-seeking part-time work | |

Current Employer Details

Fill this section in if you are currently employed in any capacity Not applicable

Business name: _____ ABN: _____

Address: _____ Suburb: _____

State/Territory: _____ Postcode: _____

Will your employer be paying for you training? Yes No



Employment Details (Cont'd)

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 Classroom

Classroom details (if applicable): Venue: _____ Course Dates: _____

Do you wish to apply for RPL and/or Credit Transfer for any of the units listed as part of this course?

RPL/RCC: Yes No Credit Transfer: Yes No

(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 Status?

Australian Citizen Yes No

Permanent Resident Yes No N/A

Other – please specify Nationality and Visa Number

Empty text box for specifying nationality and visa number.

****You will need to provide evidence of Residency status or Visa****

Language and Cultural Diversity

Are you of Aboriginal or Torres Strait Islander origin? Yes, Aboriginal No

Yes, Torres Strait Islander 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 English? Not at all Not well Very well Well

Schooling

→ What is your highest COMPLETED school level? _____

→ Which YEAR did you complete that school level? e.g. 2015 _____

→ What school DID you attend or are CURRENTLY attending? _____

→ Are you still attending secondary school? Yes No

→ Are you an Australian School Based Apprentice (ASBA)? Yes No

→ As an ASBA will you be maintaining your minimum hours of work throughout the school holidays with your employer? Yes No N/A

→ If you are under 24 years, might you consider yourself to be a "youth at risk"? Yes No N/A



Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, then tick ANY applicable boxes.

- Bachelor Degree or Higher, Diploma (or Associate Diploma), Certificate III (or trade certificate), Certificate other than above, Advanced Diploma or Associate Degree, Certificate IV (or Advanced certificate/technician), Certificate II, Certificate I

Study Reason

Select one of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?

- To develop my existing business, To start my own business, To try for a different career, To get a promotion, It was a requirement of my job, I want extra skills for my job, To get another course of study, For personal interest or self-development, Other reasons:

Unique Student Identifier (USI)?

Yes No If YES please provide it here: [grid]

Please Note: Since 1 January 2015, LEAD RTO is prevented from commencing you in nationally recognised VET qualification or Statement of Attainment training if you do not have a Unique Student Identifier (USI).

Identification

A copy of your photographic ID MUST be provided to LEAD. The ID provided must match the details on your USI account 24. Please select which form of photographic ID you have provided to LEAD Training. Send a copy back with this form.:

- Drivers Licence, Passport, Certificate of Identity, Other, specify:

Privacy Notice

Under the Data Provision Requirements 2012, LEAD Disability Service T/A LEAD RTO # 6022 is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by LEAD RTO for statistical, regulatory and research purposes.

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Employer – if you are enrolled in training paid by your employer; Commonwealth and State or Territory government departments and authorised agencies; NCVER; Organisations conducting student surveys; and Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts; facilitating statistics and research relating to education, including surveys; understanding how the VET market operates, for policy, workforce planning and consumer information; and Administering VET, including programme administration, regulation, monitoring and evaluation.

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).



Student Confirmation

	Yes	No
→ Have you been offered RPL/CT	<input type="radio"/>	<input type="radio"/>
→ Have you been shown the LEAD RTO website and how to access the Student Handbook?	<input type="radio"/>	<input type="radio"/>
→ Have you received Information on LEAD student Course fees?	<input type="radio"/>	<input type="radio"/>
→ Have you read and understood the LEAD Privacy Notice?	<input type="radio"/>	<input type="radio"/>
→ Have you read and understood the LEAD Attendance Agreement?	<input type="radio"/>	<input type="radio"/>

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	<input type="text"/>	_____
		Date

Parent/ Guardian Signature	<input type="text"/>	_____
		Parent/Guardian Name

		Date

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