



Enrolment Form

AUSTRALIA LEARNING INSTITUTE PTY LTD

Personal Details			
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:
First name:		Middle name/s:	
Home phone:	()	Work:	()
Mobile:		Email:	
Unique Student Identifier (USI), if known:			
By completing this enrolment form, I acknowledge that I have a USI and give Australia Learning Institute, permission to look it up and to take a copy of my USI learning records. If I do not have a USI, I give Australia Learning Institute, permission to create one for me. (For residents of Australia only - for further information, go to: https://www.usi.gov.au/) What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Building/ property name:			
Flat/unit details:		Street Number	
Street name:			
Suburb, locality or town:			
State/Territory (if applicable):		Postcode:	
Country			
What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
Course Selection			
<input type="checkbox"/> CHC32015 - Certificate III in Community Services	<input type="checkbox"/> BSB30115 - Certificate III in Business		
<input type="checkbox"/> CHC42015 - Certificate IV in Community Services	<input type="checkbox"/> BSB30415 - Certificate III in Business Administration		
<input type="checkbox"/> CHC52015 - Diploma of Community Services	<input type="checkbox"/> BSB40215 - Certificate IV in Business		
<input type="checkbox"/> HLTAID003 - Provide first aid	<input type="checkbox"/> BSB50215 - Diploma of Business		
<input type="checkbox"/> BSB20115 - Certificate II in Business	<input type="checkbox"/> BSB51918 - Diploma of Leadership and Management		
Preferred start date:			
General Information			
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
2. Have you ever studied with our Organisation> before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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3. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify: _____
4. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - Go to question 6 <input type="checkbox"/> Yes, other, please specify: _____	
5. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
6. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	
7. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long term condition. (tick as many as apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 8 <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:	
8. What is your highest COMPLETED school level (tick one box only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school – Go to question 11	
9. In which YEAR did you complete that school level?		
10. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous qualifications		
11. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – indicate below <input type="checkbox"/> No – Go to Question 12	
<i>If YES, then tick ANY applicable boxes (you may indicate more than one)</i>		
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) <input type="checkbox"/> Certificates other than these		
Please list any qualifications you have completed and the year of completion.	1.	Year:
	2.	Year:
	3.	Year:
12. Do you wish to apply for Course Credit? If YES, certified copies of transcripts from previous qualifications must be provided with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you wish to apply for Recognition of Prior Learning? <i>If you indicate yes, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Employment

Of the following categories, which BEST describes your current employment status? (tick one box only)

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

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course?

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To get a better job or promotion | |
| <input type="checkbox"/> It was a requirement of my job | |

Employment Details

Employer's legal name:			
Your position:			
Business address:			
	Postcode:		
Postal address: (if different from above)			
	Postcode:		
Phone:	()	Fax:	()
Email:			
Supervisor:		Position:	

Next of kin/emergency contact

Name:		Relationship to you:	
Address:			
	Postcode:		
Home phone:	()	Work:	()
Mobile:		Email:	



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Please include any additional information about yourself that could impact on your studies

Would you like additional support with any special needs (Language, literacy and numeracy (LLN), physical)? This information is confidential and is only used as a means to provide the best support possible to suit your individual needs. Yes No

If you have ticked yes, please provide a brief description of the sort of support would best suit your individual needs

Australia Learning Institute is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.

Government Funded Programs			
Job Services Australia (JSA) information:			
JSA Name		Job Seeker ID	
JSA Location	Consultant Name	Phone no	
Is this your first smart and skilled course? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Income Support type			
Centrelink Reference Number (CRN)			
Long Term Unemployed Status Yes <input type="checkbox"/> No <input type="checkbox"/> Student must have appropriate proof from the Commonwealth that they have been unemployed for 52 or more consecutive weeks at the time of enrolment as outlined in the Smart and Skilled Fee Administration Policy.			
Are you living in in NSW social housing OR are you or your household on the NSW Housing Register OR ever lived in Out of Home Care Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide evidence)			
<input type="checkbox"/> Youth Allowance <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Health Care Card <input type="checkbox"/> Pension <input type="checkbox"/> Other			
(Please attach a copy of your concession to this application)			

Government Funding Declaration – To be completed if the student is participating in a Government funded course or Traineeship.

I _____ (insert name) declare that I am participating in a government funded course or Traineeship, funded by either the State or Federal Government, and that I agree that the information on this enrolment form and my training progress that I have supplied can be utilised by the Department for recording my enrolment and progress.

➡ **SIGNATURE:** _____ **DATE:** ___/___/_____

OFFICE USE ONLY

Source of funding (if any)	Smart and Skilled (S&S) <input type="checkbox"/> (TP)	S & S Traineeship <input type="checkbox"/> (EAT)	S & S Apprenticeship <input type="checkbox"/> (EAT)	FFS <input type="checkbox"/> (EFQ)
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Refund Information

We will make refunds to students in certain circumstances as listed in the table below. To apply for a refund you should: email a request/ fill in our Refund Form located on our website and send to contact@auslearning.edu.au

Refunds	
Circumstance	Refund Policy
Withdrawing from a training program	You will be entitled to a full refund of fees paid if you withdraw more than 14 days



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	before the scheduled start of the training program
	If you withdraw within 14 days before the scheduled start of the training program you will be entitled to 50% of fees paid.
If a training program is cancelled before commencement	You will be entitled to a full refund of fees paid
Provider Fee Refund Guarantee	
IF for any reason we cannot complete the training	You will be entitled to a entitled to a refund of fees proportional to the amount of training not delivered
If you withdraw from training but have completed an embedded qualification (i.e. complete all the units for a lower level qualification)	No refund will be made or the difference in the student fee will be refunded
Privacy Statement & Student Declaration	
<p>I declare that the information I have provided to the best of my knowledge is true and correct.</p> <p>I understand that Australia Learning Institute Pty Ltd is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:</p> <ul style="list-style-type: none"> • Employer – if I am enrolled in training paid by my employer. • Government departments and authorised agencies. • Researchers. <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>	
Agreement	
<p>In signing this Enrolment Form I agree:</p> <ul style="list-style-type: none"> • That the information I have provided on this form is true, correct and complete. • That I have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course. • That I have read and understood Australia Learning Institute Pty Ltd Information Privacy Policy. • That I have been provided with detailed information about the fees and charges associated with my course enrolment including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy. • To provide Australia Learning Institute Pty Ltd with up to date and accurate contact details and notify them if anything changes. • To be bound by Australia Learning Institute Pty Ltd, Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time. 	



Student Signature:		Date:	/	/
Printed Name:				

Please attach to this form a copy of your photo ID & Resume