

StudentNumber

Personal Details

Surname: _____ Given Names: _____
Date of Birth (DD/MM/YY) ___/___/___ Male Female
Address _____
_____ Postcode _____
Phone - Home _____ Work _____ Mobile _____
Email: _____
Drivers Licence Passport Country _____ Birth Certificate
Original Sighted by: _____

Emergency Contact Details

Name _____ Relationship _____
Address _____
_____ Phone _____

Statistical Information

Are you of Aboriginal or Torres Strait Islander origin? Yes No
Country of Birth _____ Language spoken at home _____
Citizen/Visa Status? _____ Australian Citizen/Permanent Resident Yes No
If no Please state country of citizenship _____
New Zealand passport holder who has been resident in Australia for at least 6 months
Yes No
Do you have a permanent or significant disability? Yes No
If yes please provide details: _____
Do you require any special assistance because of your disability? Yes No
If yes provide details: _____
Current Employment Status: Full Time (30hrs or over) Part Time (Less than 30hrs)
 Self Employed (not employing others) Employer Employed (unpaid family worker)
 Unemployed (seeking full time employment) Not Employed (not seeking employment)

Education and other information

Are you still attending secondary school? Yes No

What is your highest **completed** School level? 9 10 11 12 Other ____

What year did you complete that level _____

Since leaving school have you commenced or completed any qualifications? Yes No

If yes tick the applicable boxes

Trade Certificate Associate Diploma Advanced/Technician Certificate

Other Certificate Undergraduate Diploma Degree or Postgraduate Diploma

None of the above

Any employment relevant to traineeship being undertaken

Previous Qualification name: _____

Current Course Details

Course Name: _____ Course Code: _____

Do you wish to enrol in the whole course: Yes No (if no, list modules required) _____

Do you wish to apply for Recognition of Prior Learning Yes No

Employer Details (if undertaking a traineeship)

Company Name: _____ Contact Name: _____

Declaration

I declare that to the best of my knowledge and belief, the information contained on this form is correct and complete. I understand that this enrolment is not valid until all fees have been paid (if applicable).

I have received a copy of the Lennox Institute Student Handbook and have read and understood the information contained therein.

I hereby authorize the Lennox Institute to release information concerning my record to:

- (a) Any government department, providing confidentiality is assured; or
- (b) To Apprenticeship authorities and my employer if I am undertaking Apprenticeship Studies

Student signature:

Date:

OFFICE USE ONLY

Fees

Receipt: *(not valid until stamped & signed)*

Course Fee:

Authorised Lennox Institute Representative	Name	Signature
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