

Student Number

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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

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 six 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) _____

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 authorise the Lennox Institute to release information concerning my record to:

- (a) any government department, providing confidentiality is assured; or
- (b) to New Apprenticeship authorities and my employer if I am undertaking New Apprenticeship studies.

Student's signature: _____

OFFICE USE ONLY

Fees

Receipt (not valid until stamped & signed)

Course Fee:	
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Authorised Institute Representative	Name	Signature
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