

Qualification Code and Title:				
1	Title			
	Surname (family name)			
	Given names (in full)			
2	Residential address			
	Suburb State Postcode			
3	Postal address (If different from above)			
	Suburb State Postcode			
4	Telephone numbers			
	Home			
	Work Mobile			
	Email address			
5	Date of birth			
6	Are you under the age of 18?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
7	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
8	Employer name			
	Workplace location (address)			
	Street Address:			
	Suburb State Postcode			
	Employment start date			
	Position held			
9	Next of Kin (in case of emergency/accident/illness)			
	Name:	Relationship:		
	Phone (Home):	Mobile:		
10	Are you of Aboriginal or Torres Strait Islander origin? For a person of both Aboriginal or Torres Strait Islander origin mark both 'Yes' boxes			
		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Is.		
11	In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (specify)		
	Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, what type of visa do you hold?			
12	Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most)			
		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other –		
13	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		
14	Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes (identify below)		
		<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 _____		
	15	Would you like to request any assistance or support with your learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____	
16	Have you successfully COMPLETED any of the following qualifications?			
		<input type="checkbox"/> No <input type="checkbox"/> Yes, tick applicable boxes <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Adv Dip or Associate Dg <input type="checkbox"/> Diploma or Associate Dip <input type="checkbox"/> Cert IV or Adv Cert <input type="checkbox"/> Cert III or Trade Cert <input type="checkbox"/> Cert II <input type="checkbox"/> Cert I <input type="checkbox"/> Cert other than above		
17	Are you still in secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	If yes, name of school			
18	What is your highest COMPLETED school level?			
		<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		
	19	In which year did you complete that school level?		
20	Of the following categories, which BEST describes your current employment status? Tick ONE box only			
		<input type="checkbox"/> Full-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment		
	21	Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? Tick ONE box only		
			<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	
		22	Do you want to apply for RPL/CT?	<input type="checkbox"/> No <input type="checkbox"/> RPL <input type="checkbox"/> CT

23	Are you currently enrolled in any other NSW Department of Education and Communities funded training programs	<input type="checkbox"/> No	<input type="checkbox"/> Yes, state: _____
24	Student Information and Orientation		
	<input type="checkbox"/> Student Handbook <input type="checkbox"/> Online forms <input type="checkbox"/> Online Student handbook <input type="checkbox"/> Course and qualification Fees and Charges <input type="checkbox"/> RPL <input type="checkbox"/> Credit Transfer	<input type="checkbox"/> Refund Policy <input type="checkbox"/> Training Materials <input type="checkbox"/> Appeals, complaints policy and procedures <input type="checkbox"/> Disciplinary Procedures Access and Equity Policies <input type="checkbox"/> Student Records Policy <input type="checkbox"/> Student Log Book (QLD only)	
25	Student declaration and consent to disclosure of information (All students to complete)		
	1. I confirm that the information in Section 22 above has been explained and/or provided to me. 2. I understand the information provided in this enrolment form may be disclosed to and used by 3rd parties or Government statistics or monitoring agencies for the purpose of research, statistical analysis, program evaluation, post completion surveys and internal management purposes. 3. I understand that it is my responsibility to supply relevant, updated and correct information and documentation. 4. I understand that incorrect information may result in the withdrawal of any offer and/or cancellation of enrolment at any stage. 5. I authorise Lennox Institute to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for government funding. 6. I acknowledge I have received a copy of the Learning Agreement		
	Student Name:		Date
	Student Signature:		

Office Use Only					
Identification: (This section to be completed by Lennox Institute Enrolment Representative)					
<input type="checkbox"/> Passport number: _____		<input type="checkbox"/> Driver's license number: _____		<input type="checkbox"/> Other Photo ID type: _____	
<input type="checkbox"/> Two copies of non-photo IDs with full name and address			<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Green Medicare Card
<input type="checkbox"/> Sighted originals and confirm details on page 1 are correct			<input type="checkbox"/> Copies attached		
I confirm the enrolment form has been checked for completion of information					
Lennox Institute rep Name:				Date	
Lennox Institute rep Signature:					
Funding Type					
Traineeship	<input type="checkbox"/> New Worker	<input type="checkbox"/> Existing Worker	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> School based
SSP	<input type="checkbox"/> Job Seeker		<input type="checkbox"/> Existing Worker		
Other	<input type="checkbox"/> Fee for Service				