



# STUDENT ENROLMENT FORM 2017

## SECTION A: SELECT COURSE (PLEASE TICK)

<input type="checkbox"/>	SFL20115	Certificate II in Floristry (Assistant)	<input type="checkbox"/>	SHB40115	Certificate IV in Beauty Therapy
<input type="checkbox"/>	SHB30416	Certificate III in Hairdressing	<input type="checkbox"/>	SHB50115	Diploma of Beauty Therapy
<input type="checkbox"/>	SHB40216	Certificate IV in Hairdressing	<input type="checkbox"/>	22259VIC	Course in EAL
<input type="checkbox"/>	SHB30215	Certificate III in Make-Up	<input type="checkbox"/>	22250VIC	Certificate I in EAL (Access)
<input type="checkbox"/>	SHB30315	Certificate III in Nail Technology	<input type="checkbox"/>	22251VIC	Certificate II in EAL (Access)
<input type="checkbox"/>	SHB30115	Certificate III in Beauty Services	<input type="checkbox"/>	22253VIC	Certificate III in EAL (Access)
<input type="checkbox"/>	ICT20115	Certificate II in Information, Digital Media & Technology	<input type="checkbox"/>	ICT10115	Certificate I in Information, Digital Media & Technology

Are you applying for a Government funded courses?

 Yes

 No

Are you applying as Trainee/ Apprentice?

 Yes

 No

What is your preferable delivery mode

 Classroom

 Work based

Study mode

 Full time

 Part time

## SECTION B: PERSONAL DETAILS ( Student to complete) please print clearly

(Mr/Mrs/Miss/Ms) \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Legal family name Legal given name

Gender  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ First Name (if different from legal) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

Email \_\_\_\_\_ May we email you about other activities?  Yes  No

Emergency Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

How did you hear about LAF?

Repeating Student  Word of Mouth  Advertisement  Internet  JSA  Referral

### RESIDENTIAL ADDRESS

(Address where you usually live.  
 Please provide the actual physical address not a PO Box)

Building/Property Name \_\_\_\_\_

Flat/Unit Number \_\_\_\_\_ Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

Suburb \_\_\_\_\_

State  Postcode

### POSTAL ADDRESS

(If different from your residential address)

Building/Property Name \_\_\_\_\_

Flat/Unit Number \_\_\_\_\_ Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

PO Box \_\_\_\_\_ Suburb \_\_\_\_\_

State  Postcode

### CULTURAL DIVERSITY AND LANGUAGE

Are you of Aboriginal or Torres Strait Islander descent?

Yes, Aboriginal  Yes, Torres Strait Islander

(If you are of both Aboriginal and Torres Strait Islander origin, please mark both 'Yes' boxes.)

No

In which country were you born?

Australia

Other – please specify \_\_\_\_\_

Town or City of Birth: \_\_\_\_\_

Are you an Australian Citizen?

No  Yes

Are you a holder of a Special Category Visa  
 (sub-class 444, New Zealand citizen)?

No  Yes

Are you an East Timorese asylum seeker?

No  Yes

Are you an Australian Permanent Resident?  
 (ie the holder of a permanent visa)?

No  Yes

Are you the holder of a Temporary Protection Visa?

No  Yes

**Do you speak a language other than English at home?**

(If more than one language, please indicate the one that is spoken most often)

- No, English only
- Yes, other Please specify \_\_\_\_\_

**If English is not your first language, how well do you speak English?**

- Very well
- Well
- Not well
- Not at all

**DISABILITY**

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

If yes, please indicate area of disability, impairment or long term condition:  
(You may indicate more than one area)

- Hearing/Deaf
- Physical
- Mental illness
- Acquired brain impairment
- Intellectual
- Learning
- Vision
- Medical condition

**SCHOOLING**

**VICTORIAN STUDENT NUMBER & USI**

**Are you still attending secondary school?**

- No
- Yes

**What is your highest COMPLETED school level?**

- Did not go to school
- Year 8 or lower
- Year 9 or equivalent
- Year 10 (Intermediate/Form 4)
- Year 11 (Leaving/Form 5/Intermediate VCAL)
- Year 12 (HSC/VCE/Form 6/Senior VCAL)

**What year did you complete that level?**

**Where did you COMPLETE your schooling?**

- VIC
- OTHER

**Which Secondary School did you attend?**

\_\_\_\_\_

**If not Victoria, in which State, Territory or Country did you complete your schooling?**

\_\_\_\_\_

**Which of the following classification BEST describes your current or recent occupation? (Tick ONE only)**

- Managers
- Community and Personal Service Worker
- Machinery Operators and Drivers
- Professionals
- Labourers
- Technicians and Trade Workers
- Sales Workers
- Other \_\_\_\_\_

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

Do you have a Victorian Student Number from previous studies?

Yes VSN:

Yes, but I don't know it

No, I have never been issued with a VSN

Do you have Unique Student Identifier (USI) ?

Yes USI:

Yes, but I don't know it

No, I have never been issued with a USI. I consent LAF to apply on my behalf.

**EMPLOYMENT**

**Please indicate your current employment status?**

(Tick ONE box only)

- Full time employee
- Part time employee
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

**Which of the following BEST describes the industry of your current or previous employer? (Tick ONE only)**

- Agriculture, Forestry and Fishing
- Electricity, Gas, Water and Waste Services
- Information Media & Telecommunications
- Financial & Insurance Services
- Administrative & Support Services
- Rental, Hiring, Real Estate Services
- Health care and Social Assistant
- Public Administrative and Safety
- Professional, Scientific and Technical Services
- Mining
- Construction
- Retail trade
- Education and training
- Manufacturing
- Wholesale Trade
- Transport, Postal and Warehousing
- Accommodation and food Services
- Other

**PREVIOUS QUALIFICATIONS ACHIEVED**

**REASON FOR STUDY**

Have you **SUCCESSFULLY** completed any of the following qualifications?

- No       Yes (Tick ALL appropriate boxes)
- Bachelor or Higher Degree       Certificate III (or Trade Certificate)
- Advanced Diploma or Associate Degree       Certificate II
- Diploma (or Associate Diploma)
- Certificate I or VCE or VCAL Senior
- Certificate IV (or Adv. Certificate/Technician)       Certificates other than those listed above

Was this qualification achieved overseas?       No       Yes

If yes, is it **formally recognised** in Australia?       No       Yes

Do you wish to apply for credit transfer       No       Yes

Evidence of equivalent competencies from a nationally recognised qualification or statement of attainment must be provided. (Attach to enrolment form)

What is the main reason for enrolling in this course?

(Tick ONE box only)

- To get a job       It is a requirement of my job
- To develop my existing business       I wanted extra skills for my job
- To start my own business       To get into another course of study
- To try for a different career       For personal interest or self development
- To get a better job or promotion       Other reasons (please state)
- \_\_\_\_\_

Do you wish to apply for Recognition of Prior Learning?

- No       Yes

(If YES please complete separate forms)

**CONCESSION FEES**

**IS ANOTHER ORGANISATION PAYING YOUR FEES?**

Concession rates apply for Pensioner Concession Card, Commonwealth Health Care Card and Veterans Gold Card holders.

A copy of your concession card is required at enrolment.

Do you have a concession card?       No       Yes

Are you claiming concession fees?       No       Yes

If yes, CRN: \_\_\_\_\_

Type: (FA, NS, DSP etc) \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_

**NOTE:** Where enrolment fees are being fully paid (even indirectly) by an agency as part of a Commonwealth program or initiative, concession rates do **not** apply.

Are we to invoice another organisation for your fees?

- No       Yes (Please complete the following information)

Your job seeker ID (if applicable) \_\_\_\_\_

Organisation to be invoiced \_\_\_\_\_

Branch \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Contact Number \_\_\_\_\_

**PAYMENT DETAILS**

\$ \_\_\_\_\_  Cash       EFTPOS       Cheque (payable to LAF College)       Visa       MasterCard

Credit Card Number

Expiry Date

/

Cardholder's name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**You have been offered, explained and provided with the following:**

Recognition of Prior Learning & Credit Transfer	<input type="checkbox"/>
Student Handbook Including but not limited to RPL, Client Support, Flexible Learning & Assessment, Appeals & Complaints, Refund Policy	<input type="checkbox"/>
Training plan and the vocational pathways associated with this qualification	<input type="checkbox"/>
Structured Training Withdrawal	<input type="checkbox"/>
The role of LAF College of Vocational Education & your trainer	<input type="checkbox"/>

## SECTION C: STUDENT READ AND SIGN

### PRIVACY STATEMENT

#### I understand that:

LAF college of Vocational Education is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>).

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires LAF College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact LAF's Privacy Officer on phone 9311 1586 or email [kelvin.hoang@laf.vic.edu.au](mailto:kelvin.hoang@laf.vic.edu.au)

### DISCLAIMER AND DECLARATION

#### Representations and Acknowledgements:

There are no medical reasons or pre-existing illness/es or injury/ies which I have not already declared on my enrolment form preventing me from participating in the class or activity for which I am applying / enrolling and I am physically capable of performing the requirements relating to this class or activity.

- To the maximum extent permitted by law, I acknowledge that LAF gives no warranties in respect of the facilities and equipment it provides, and makes no representation as to the suitability of classes or activities for any individual.
- I authorise LAF to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that LAF bears no responsibility and I will indemnify LAF for costs incurred as a result.
- I acknowledge that I will not hold LAF (or any of its employees) responsible for any personal injury (caused by negligence or otherwise), either direct, indirect, resulting or consequential, or any loss, expense, damage or injury suffered by me or to my property.
- I acknowledge that LAF is committed to safeguarding students' privacy, however situations may arise which require the disclosure of my personal information. I understand that LAF acknowledges and adheres to the National Privacy Principles of the Privacy Act 1988 (Commonwealth) as amended.
- I confirm that I have received a copy of the Student Information Handbook.
- I authorise my Registered Training Organisation to check all available records to confirm that information provided in correct, particularly information pertaining to my eligibility for the Victorian training Guarantee.
- I do give permission to the COLLEGE to create USI on my behalf and use my photo for school web site, brochure, Newsletter ...etc.
- I declare that I have accurately stated the number of government subsidised courses I have commenced or am scheduled to commence in the current year; and the number of government subsidised courses I am currently undertaking to be true and accurate and that this does not exceed two subsidised courses in any one calendar year.

#### Liability:

- LAF excludes, to the maximum extent permitted by law, all liability for any personal injury and any direct or indirect or consequential loss, damage or expense.
- To the maximum extent permitted by law, I hereby release and will indemnify and keep indemnified LAF for any injury or loss suffered by me whilst on LAF's premises.

### DECLARATION:

I have read and accept the Conditions of Enrolment at LAF College of Vocational Education, including the Privacy statement and the Fee Refund policy.

I declare that the information I have provided on this form, including that which is relevant to my eligibility for government funding, is accurate and complete.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print

I declare I have verified the student's name, address and date of birth by sighting photo ID of this student

LAF Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D: OFFICE USE ONLY**

Course and Fee details Enrolling Officer to complete					
COURSE CODE	COURSE NAME	START DATE			
			FEES	\$	FUNDING CODE
			C	B	F
			C	B	F
			C	B	F
			C	B	F
			C	B	F
			C	B	F
			C	B	F

Yes?	<u>FUNDING SOURCE CODE</u>		<u>FEE EXEMPTION/CONCESSION TYPE</u>	
<input type="checkbox"/> Australian Resident			<input type="checkbox"/> P	Pensioner concession (Age, CD, CP, DSP, NS, PP, PPS)
Age <input type="checkbox"/> Under 20 years on 1 January 2017 (subject to 2 Government funded courses in year)	<input type="checkbox"/> P	Complete SFP forms	<input type="checkbox"/> H	Health care (NS, FA, LI, SHC, WA, YA)
Age <input type="checkbox"/> Over 20 years on 1 January 2017			<input type="checkbox"/> J	Job seeker <b>with</b> concession (Job Seeker Referral Form attached)
<input type="checkbox"/> Studying a pre-accredited Foundation Skills Course	<input type="checkbox"/> ACE		<input type="checkbox"/> K	Job seeker <b>without</b> concession (Job Seeker Referral Form attached)
<input type="checkbox"/> Studying an accredited Foundation Skills Course:			<input type="checkbox"/> I	Young People Transitioning from Care <b>with</b> concession
<input type="checkbox"/> Enrolled in 2 or more Government funded courses in year	<input type="checkbox"/> S		<input type="checkbox"/> E	Young People Transitioning from Care <b>without</b> concession
<input type="checkbox"/> Has a diploma or higher	<input type="checkbox"/> S		<input type="checkbox"/> V	Veteran Gold Concession
<input type="checkbox"/> Enrolled in secondary school	<input type="checkbox"/> S		<input type="checkbox"/> G	VCE Scholarship
<input type="checkbox"/> Enrolled in SEE	<input type="checkbox"/> D	Photocopy ID	<input type="checkbox"/> M	Prisoner
<input type="checkbox"/> None of the above	<input type="checkbox"/> P	Complete SFP forms	<input type="checkbox"/> X	Community Based Order
<input type="checkbox"/> Applying to study at a higher level than current qualifications (subject to 2 Government funded courses in year)	<input type="checkbox"/> P	Complete SFP forms	<input type="checkbox"/> O	Indigenous and Single & Teen Parents without concession
<input type="checkbox"/> SEE (Skills for Education and Employment) program	<input type="checkbox"/> D	Photocopy ID	<input type="checkbox"/> Z	None
<input type="checkbox"/> Asylum Seeker /Victim of Human Trafficking General <u>SFP enrolment</u>	<input type="checkbox"/> ASP	Referral form & Complete SFP forms		
<input type="checkbox"/> Single & Teenage Parents Training Initiative – GA Cohort eligibility	<input type="checkbox"/> NGP	Referral form		
<input type="checkbox"/> Single & Teenage Parents Training Initiative – <u>SFP eligibility criteria</u>	<input type="checkbox"/> NSP	Referral form & Complete SFP forms		
<input type="checkbox"/> Workers in Transition Program – General	<input type="checkbox"/> WTP	Referral form & Complete SFP forms		
<input type="checkbox"/> Not eligible for Government funding	<input type="checkbox"/> S			
<input type="checkbox"/> Fee For Service				

Office Use Only – Enrolment Checklist (please initial)			
Identification sighted <input type="checkbox"/> _____	Student Details Entered <input type="checkbox"/> _____	Payment Plan <input type="checkbox"/> _____	Referral Forms <input type="checkbox"/> _____
Concession copied <input type="checkbox"/> _____	Enrolled in class <input type="checkbox"/> _____ <input type="checkbox"/> Disability Register	Authority to Invoice Received <input type="checkbox"/> _____	Code 70 on Unit <input type="checkbox"/> _____
SFP Eligibility Checked <input type="checkbox"/> _____	Fees Paid - Part / Full <input type="checkbox"/> _____	JSA or Student Invoiced <input type="checkbox"/> _____	Training Plan Printed <input type="checkbox"/> _____