



STUDENT ENROLMENT FORM 2016 QUEENSLAND

Select a course (Please Tick ✓)					
<input type="checkbox"/>	SIH20111	Certificate II in Hairdressing	<input type="checkbox"/>	SIB40110	Certificate IV in Beauty Therapy
<input type="checkbox"/>	SIH30111	Certificate III in Hairdressing	<input type="checkbox"/>	SIB50110	Diploma of Beauty Therapy
<input type="checkbox"/>	SIH40111	Certificate IV in Hairdressing	<input type="checkbox"/>	SFL20110	Certificate II in Floristry (Assistant)
<input type="checkbox"/>	SIB50210	Diploma in Salon Management	<input type="checkbox"/>		
<input type="checkbox"/>	SIB20210	Certificate II in Nail Technology	<input type="checkbox"/>		
<input type="checkbox"/>	SIB30110	Certificate III in Beauty Services	<input type="checkbox"/>		

SECTION A: 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 POSTAL 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(If different from your residential address) Building/Property Name _____ Flat/Unit Number _____ Street Number _____ Street Name _____ PO Box _____ Suburb _____ State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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CULTURAL DIVERSITY AND LANGUAGE

Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <i>(If you are of both Aboriginal and Torres Strait Islander origin, please mark both 'Yes' boxes.)</i> <input type="checkbox"/> No In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____ Town or City of Birth: _____ Are you an Australian Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you speak a language other than English at home? <i>(If more than one language, please indicate the one that is spoken most often)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other Please specify _____	Are you a holder of a Special Category Visa (sub-class 444, New Zealand citizen)? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you an East Timorese asylum seeker? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you an Australian Permanent Resident? (ie the holder of a permanent visa)? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you the holder of a Temporary Protection Visa? <input type="checkbox"/> No <input type="checkbox"/> Yes If English is not your first language, 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
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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 Mental illness
 Physical Acquired brain impairment
 Intellectual Vision
 Learning Medical condition
 Other _____

SCHOOLING

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?

- QUEENSLAND OTHER

Which Secondary School did you attend?

If not Queensland, 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 _____

LEARNING UNIQUE IDENTIFIER NUMBER (LUI) & UNIQUE STUDENT IDENTIFIER NUMBER (USI)

Do you have a Learning Unique Identifier Number?

- Yes LUI Number:
 Yes, but I don't know it
 No, I have never been issued with a LUI Number

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 Employed – unpaid worker in family business
 Part time employee Unemployed – seeking full-time work
 Self-employed – not employing others Unemployed – seeking part-time work
 Employer 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 Mining
 Electricity, Gas, Water and Waste Services Construction
 Information Media & Telecommunications Retail trade
 Financial & Insurance Services Education and training
 Administrative & Support Services Manufacturing
 Rental, Hiring, Real Estate Services Wholesale Trade
 Health care and Social Assistant Transport, Postal and Warehousing
 Public Administrative and Safety Accommodation and feed Services
 Professional, Scientific and Technical Services Arts and Recreation Services

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 IV (or Adv. Certificate/Technician) Certificate I or VCE or VCAL Senior
- 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

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.

IS ANOTHER ORGANISATION PAYING YOUR FEES?

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: _____

Direct Bank deposit

LAF College of Vocational Education

BSB: 063 172

ACCOUNT: 1077 2565

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"/>

PRE TRAINING REVIEW

A pre-training review ensures that the learning and assessment strategy is designed to meet your individual needs and your workplace requirements. Language, Literacy and Numeracy test to ensure that you have basic skills to help you to complete your course and also show how we can assist you in any areas which you may need help to.

TELL US ABOUT YOURSELF

What interest you about this course?

Do you have any work experience relevant to this course? If yes please describe it

Do you need any additional literacy and/or numeracy support to complete your course?

If yes please give details.

List the next 5 numbers in this sequence	15	18	21	24	27			
60 plus 54 =	4 multiplied by 10 =		10 divided by 2 =			30 minus 10 =		

Answer the following:

68 + 18 =	108 ÷ 9 =	81 X 9 =	190 - 11 =
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Read the following telephone conversation:

Rebecca is the person answering the telephone. She is the receptionist for LAF Beauty Salon. Tanya is the person making the telephone call. She is calling the Salon because she wants to speak to somebody.

Rebecca: Hello, LAF Beauty Salon, this is Rebecca speaking

Tanya: Hello, this is Tanya from the Salon First. I would like to speak to Maria Wannous please.

Rebecca: I'm sorry – she's not available at the moment. Can I take a message?

Tanya: Yes, could you let her know that I'll be coming to the Salon next Wednesday

Rebecca: Yes, ok. I'll let her know.

Tanya: Thanks, Could you also ask her to call me? My number is 03 9312 5555.

Rebecca: OK. I'll just check that number – 03 9311 5555.

Tanya: No – it's 03 9312 5555.



Rebecca: OK – I've got that now. I'll pass your message

Tanya: Thanks you. Bye

Rebecca: Bye

Who is the person making the telephone call?	
Who is the person answering the telephone call?	
What company does Tanya work for?	
Who does Tanya want to speak to?	
What did Tanya want Maria Wannous to know?	
What is Tanya's phone number?	

Draw the time on the clocks

	
Five o'clock	2.30pm

What shape are these signs?

Multiple Choice:

1. What will you say when you first meet your prospective client?
A: Hi, What can I do for you?
B: What is your name?
C: Good morning. My name is Lan. What can I help you?

2. If you were a staff in the Hairdressing Salon, a child fell down on the floor, and the parents did not stay with the child. What would you do?
A: Call "000"
B: Let the child cry and do not do anything
C: Reassure the child and let parents know

3. What kinds of the Safety Checklist should be followed by Beauty Therapist?
A: Wearing the hammer, when it is working.
B: Smoke in the treatment room.
C: Wash hand before start do treatment for client

4. Hair Shampoo normally priced \$12 per bottle. Today special 12% discount. How much will 1 bottle cost me?
A: \$10.56
B: \$10.00
C: \$14.00

5. How much change will I get from \$20.00
A: \$10.00
B: \$9.44
C: \$6.00

Write down something that you really love doing. Write down 1 or 2 reasons why you love doing it

SECTION C: STUDENT READ AND SIGN

PRIVACY STATEMENT

I understand that:

LAF college of Vocational Education is required to provide the Queensland Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form

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.

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

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 Certificate 3 Guarantee.
- I understand that I will no longer be eligible for a subsidised training place under the Certificate 3 Guarantee once I have completed a Certificate level III qualification and its is a requirement of the Program that I fill out and return a **Training and Employment Survey** within 3 months of starting my qualification.
- I **do/do not** give permission to the COLLEGE to create USI on my behalf and use my photo for school web site, brochure, Newsletter ...etc.
- I understand that enrolment is accepted under the condition that my tuition fee are paid on or before due date.

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, Fee and Charges policy 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.

Name: _____ Signature: _____ Date: _____
Please print

Parent/Guardian (if applicable) Signature: _____ Date: _____

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: _____

Please enter course details on page 7

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		

√	Eligibility Criteria & Evidence
	<p>With the exception of VET in Schools students, be aged 15 years or above, and no longer at school Driver's Licence, Adult Proof of Age Card (18+ card), Passport, Birth Certificate or Birth Extract.</p>
	<p>Permanent residency in Queensland Driver's Licence, Health Care Card, Pensioner Concession Card, Seniors Health Card showing a Queensland residential address</p>
	<p>Australian or New Zealand Citizenship Australian or New Zealand Passport, Birth Certificate or Birth Extract, Medicare card or Certificate of Status for New Zealand Citizens in Australia (CSNZA).</p>
	<p>Australian permanent residency (only required for students who are not Australian or New Zealand citizens) Evidence of visa status should be documented, permanent visa label on their passport or documents, Temporary residency visa with the visa and work permits, Medicare card, Certificate of Evidence of Residence Status (CERS).</p>
	<p>Previous Qualifications Records or declaration (on enrolment form) indicating the prospective student does not hold and is not enrolled in a post-school AQF certificate III qualification or higher level qualification (Certificate 3 Guarantee) or a AQF certificate IV qualification or higher level qualification (Higher Level Skills program).</p>

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 <input type="checkbox"/> _____	Authority to Invoice Received <input type="checkbox"/> _____	Code 90 on Unit <input type="checkbox"/> _____
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"/> _____