

Enrolment Form

Personal details				
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:	/ / <i>Day/Month/Year</i>
First name:		Middle name/s:		
Home address:				
			Postcode:	
Postal address: (if different from above)				
			Postcode:	
Home phone:	()	Work:	()	
Mobile:		Email:		
Next of kin/emergency contact				
Name:		Relationship to you:		
Address:				
			Postcode:	
Home phone:	()	Work:	()	
Mobile:		Email:		

Employment details				
Employer's legal name:				
Your position:		State date:	/ /	
Business address:				
			Postcode:	
Postal address: (if different from above)				
			Postcode:	
Phone:	()	Fax:	()	
Email:				
Name of Contact		Position:		

Course details				
Delivery mode:		Start date:	/ /	
Course enrolling in: (Please Tick ✓)	Accredited courses			
	<input type="checkbox"/> BSB40807 Certificate IV in Frontline Management	<input type="checkbox"/> BSB40311 Certificate IV in Customer Contact	<input type="checkbox"/> BSB51107 Diploma of Management	
	<input type="checkbox"/> BSB50207 Diploma of Business	<input type="checkbox"/> TAE40110 Certificate IV in Training and Assessment (full course)	<input type="checkbox"/> TAE40110 Certificate IV in Training and Assessment (upgrade)	

Enrolment Form

General Information	
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Have you ever studied with Learning Verve before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify
4. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify
5. 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
6. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
7. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long term condition. (<i>tick as many as apply</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Other:
8. What is your highest COMPLETED school level (<i>tick one box only</i>)	<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 (<i>go to question 15</i>)
9. In which YEAR did you complete that school level?	
10. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous qualifications		
11. Have you SUCCESSFULLY completed any of the following qualifications? If YES, then tick ANY applicable boxes (<i>you may indicate more than one</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) <input type="checkbox"/> Certificates other than these		
Please list any qualifications you have completed and the year of completion.	1. <input type="text"/>	Year: <input type="text"/>
	2. <input type="text"/>	Year: <input type="text"/>
	3. <input type="text"/>	Year: <input type="text"/>
12. Do you wish to apply for Credit Transfers? If YES, certified copies of transcripts from previous qualifications must be provided with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrolment Form

Employment	
13. Of the following categories, which BEST describes your current employment status? <i>(tick one box only)</i>	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment

Study reason	
14. Of the following categories, which BEST describes your main reason for undertaking this course?	
<input type="checkbox"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To start my own business	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To get a better job or promotion	
<input type="checkbox"/> It was a requirement of my job	

How did you find out about Learning Verve courses? (please tick✓)	
<input type="checkbox"/> Advertisement (please specify)	<input type="checkbox"/> My employer recommended it to me
<input type="checkbox"/> A friend or relative recommended it to me	<input type="checkbox"/> Learning Verve website
<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Other (please specify):

Victorian Student Number	
A Victorian Student Number 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.	
15. Enter your Victorian Student Number (VSN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If you have not provided a VSN, is this because:	<input type="checkbox"/> I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.
	Leave both the VSN and the above tick box blank if you don't have or don't know your VSN.

Enrolment Form

Payment details			
16. Are you applying for Government funding?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Please contact Learning Verve prior to completing the Enrolment Form)</i>	
17. Who is paying for the course?		<input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Other (please specify):	
Payment details			
Contact Name			
Organisation <i>(if employer paying)</i>			
Invoice address:			
			Postcode:
Work Phone:	()	Mobile:	()
Email:			
Cost of Course	\$		
<i>Course fees are invoiced no sooner than 10 weeks prior to course commencement. Payment is due 14 days after invoice has been issued.</i>			

Cancellation details
<p>Cancellation by fee paying student or fee paying organisation;</p> <p>You may cancel a registration for a seminar, training course, presentation, or the like, subject to the following.</p> <ul style="list-style-type: none"> ▪ You must give us a cancellation notice in writing. ▪ If we receive proper notice, but less than 7 days in advance, you must pay a cancellation fee of 100% of the fees. ▪ If we receive proper notice more than 7 days in advance, you must pay a cancellation fee of 50% of the fees. ▪ We may waive part, or all, of the cancellation fee where proper notice is received more than 14 days in advance. <p>Cancellation by Learning Verve;</p> <p>A full refund or option to commence training at a later date will be provided to students where Learning Verve:</p> <ul style="list-style-type: none"> ▪ Fails to start a course on the agreed start date ▪ Ceases a course before it is fully provided ▪ Does not provide a course in full to a student

Privacy statement
<p>Learning Verve is required to provide the Victorian Government, through Skills Victoria, with student and training activity data, which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au).</p> <p>Skills Victoria may use the information provided for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.</p>

Enrolment Form

Student acceptance agreement

All details I have provided are correct as at the date of enrolment. I agree to be bound by all Learning Verve's rules and regulations relating to my enrolment in this course. I agree to pay all fees and charges applicable to and arising from this enrolment, and acknowledge that my participation in this course is subject to the right of Learning Verve to cancel or amalgamate a course or classes. I authorise Learning Verve or its agent, in the event of illness or accident during any Learning Verve organised activity, and where next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost. I also authorise Learning Verve to release information to government departments, apprenticeship authorities and my sponsor if any.

(please tick) **I acknowledge and agree to the terms described in the privacy statement above.**

(please tick) **I have been provided with appropriate and sufficient information to make an informed decision about my enrolment in this course.**

Student Signature: Date: / /

Printed Name:

Signature of organisation (Only required if organisation is paying for course fees)

..... Date: / /

Printed Name:

Signature of Learning Verve representative: Date: / /

Printed Name:

Please complete the Enrolment Form and return to:

Learning Verve Pty Ltd
 PO Box 634
 Port Melbourne Victoria 3207

Facsimile: (03) 9676 2499
 Email: admin@learningverve.com.au