

Enrolment Form

This form must be completed in full. Please double check to ensure you have signed where appropriate on page 3.

PERSONAL DETAILS

Full name:				Date:	/	/	/
Date of Birth :	/	/	/	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Organisation:				Role:			
Residential Address:							Post Code:
Phone Contact:	Work Phone:	Mobile Phone:	Home Phone:				
Email Address:							

EMERGENCY CONTACT DETAILS

Name of contact:				Relationship:			
Contact number:	Home:	Work:	Mobile:				

COURSE DETAILS

COURSE ENROLLING: (PLEASE TICK ✓)	ACCREDITED COURSES		
	<input type="checkbox"/> BSB40807 Certificate IV in Frontline Management	<input type="checkbox"/> BSB40207 Certificate IV in Business	<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)
	<input type="checkbox"/> BSB40307 Certificate IV in Customer Contact	<input type="checkbox"/> BSB50307 Diploma of Customer Contact	

LANGUAGE AND FAMILY BACKGROUND

Main language spoken:	English	<input type="checkbox"/>	Other	<input type="checkbox"/>	(please specify)	Require help with English?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Country of Birth	Australia	<input type="checkbox"/>	Other	<input type="checkbox"/>	(please specify)	Australian Citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you of:	Aboriginal origin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Torres Strait Islander	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EDUCATION DETAILS

Level completed at school:		Year Completed:	
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Have you attempted or successfully completed any of the following?

ATTEMPTED	COMPLETED	QUALIFICATION	QUALIFICATION TITLE/ DATE COMPLETED
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher level	
<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate degree level	
<input type="checkbox"/>	<input type="checkbox"/>	Diploma or Associated Diploma level	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV or Advanced Certificate/Technician	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate III or Trade Certificate	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate I	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate other than above	

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DISABILITY CONSIDERATIONS

Do you have a permanent and/or significant disability(s): | Yes (please Specify) No

Would you like to discuss with us how best we could work together during your training because of this disability? | Yes No

RECOGNITION OF PRIOR LEARNING (RPL)

Would you like to apply for RPL? | Yes (please request an RPL form and apply before first training session)
No

Of the following categories, which best describes your main reason for undertaking this course (please tick✓)	
<input type="checkbox"/> Seeking employment within industry	<input type="checkbox"/> To develop/improve my existing business
<input type="checkbox"/> Self development	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To pursue a different career	<input type="checkbox"/> Requirement of my current job
<input type="checkbox"/> Upgrade/develop skills for my current job	<input type="checkbox"/> Stepping stone to future courses
<input type="checkbox"/> Other (please specify)	
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).....

PAYMENT DETAILS

Are you applying for Government funding? No Yes
(If Yes, Please contact Learning Verve prior to completing the Enrolment Form)

Who is paying for the course?	Self <input type="checkbox"/>	Employer <input type="checkbox"/>	Other <input type="checkbox"/> (please Specify)
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Payment Details:	Contact Name:	
	Organisation (if employer paying):	
	Invoice Address:	
	Post Code:	
Contact Number:	Work:	Mobile:
Cost of Course:	\$	

**Course fees are invoiced no sooner than 10 weeks prior to course commencement.
Payment is due 14 days after invoice has been issued.**

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CANCELLATION DETAILS

Cancellation by fee paying student or fee paying organisation:

You may cancel a registration for a seminar, training course, presentation or the like subject to the following. You must give us a cancellation notice in writing, and pay a cancellation fee as follows.

- 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.

Cancellation by Learning Verve:

A full refund or option to commence training at a later date will be provided to students where Learning Verve:

- Fails to start a course on the agreed starting date
- Ceases a course before it is fully provided
- Doesn't provide a course in full to a student

DECLARATION

All details I have provided are correct as at the date of enrolment. I agree to be bound by all Learning Verve 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 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 can not 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 have read and understood the Learning and Assessment strategy for the course I am enrolling in.*

Signature of student: Date:

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

Signature of Learning Verve Representative: Date:

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