



OFFICE USE ONLY	Course Title:	
	Location:	

PERSONAL DETAILS

Mr Mrs Miss Ms Other _____
 Given Name: _____ Surname: _____
 Date of Birth: ____/____/____ Female Male

ADDRESS OF USUAL PLACE OF RESIDENCE	MAILING ADDRESS IF DIFFERENT
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No. and Street _____	No. and Street _____
Town/Suburb _____	Town/Suburb _____
State/Territory _____ Postcode _____	State/Territory _____ Postcode _____

CONTACT DETAILS

Phone (H) (____) _____ Preferred Mobile _____ Preferred
 Phone (W) (____) _____ Preferred Email _____

EMERGENCY DETAILS/NEXT OF KIN

Name _____ Phone (H/W) (____) _____
 Relationship _____ Mobile _____

PRE-TRAINING REVIEW

How are your core skills?
 These skills are important for effective communication and for thinking critically about new information and ideas. Rate your skills from 1 (= very poor) to 5 (= excellent).

Learning – setting goals and managing your own learning.	
Reading – understanding written text, word identification and vocabulary.	
Writing – expressing ideas, opinions, factual information or messages in writing.	
Oral communication – using speaking and listening skills in interpersonal and transactional exchanges.	
Numeracy – understanding and applying mathematical ideas and techniques.	

MARKETING

How did you find out about us?

Internet White pages Word of mouth Other _____



DRIVERS LICENCE DETAILS

Do you currently have a suspended licence? Yes No

I declare that I am the holder of a current Driver's Licence – Signed: _____

Drivers Licence No: _____ Expiry Date: _____ State of Issue: _____

HEALTH DETAILS

Do you have a disability or medical condition that AJL Training staff should be aware of in case of an emergency?

YES No If YES, please provide details : _____

All applicants for heavy truck licence or motorcycle learner/licence course must complete the following health declaration:

a) Have you ever suffered from bad eyesight or hearing, dizziness, blackouts, epilepsy, diabetes, psychiatric or mental illness OR any other medical condition or other disability which may affect your driving?	<input type="checkbox"/> YES*	<input type="checkbox"/> No
b) Are you taking any drugs or prescribed medication?	<input type="checkbox"/> YES*	<input type="checkbox"/> No

**If you answered YES to either of these questions, please contact AJL Training as you may be required to supply a clearance from your State Regulatory Authority Medical Review Board before training commences. You do not need clearance for prescription glasses or asthma treated by a puffer.*

REFUND AND CHANGING POLICY

All courses are strictly pre-paid.

Changes/Cancellations made more than 7 days before the booked course will incur a **\$50** change or cancellation fee.

Changes/Cancellations made **within 7** days of a booked course will incur a **\$100** change or cancellation fee.

DRUGS AND ALCOHOL

AJL Training strive to provide a safe training environment and considers the abuse of drugs or alcohol to be unsafe and dangerous. Any student suspected to have alcohol or illegal drugs in his/her system will be refused training.

By signing below I declare that I am alcohol and drug free.

Student Signature _____ Date ____/____/____