

APPLICATION FOR ENROLMENT FORM

It is a government requirement that AJL Training collects and reports information related to your enrolment. For this reason it is **IMPORTANT** that you complete this form accurately and in full.

COURSE DETAILS

NVR Standard 4.1

High Risk Work Licences:	Heavy Vehicle Licences:	Other:
<input type="checkbox"/> Forklift <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Reach Stacker	<input type="checkbox"/> Light Rigid <input type="checkbox"/> Medium Rigid <input type="checkbox"/> Heavy Rigid <input type="checkbox"/> Heavy Combination <input type="checkbox"/> Multi Combination	<input type="checkbox"/> Forestry – Transport forestry logs using trucks <input type="checkbox"/> Forestry – Carry out inspection of vehicles designed to carry special loads

Non Accredited Courses:

Dangerous Goods Awareness
 Forklift (VOC)
 Chainsaw

PERSONAL DETAILS

Mr Mrs Miss Ms Other _____

Given Names: _____ Surname: _____ Preferred Name: _____

Date of Birth: ____/____/____ Town of Birth: _____ Female Male Unspecified

UNIQUE STUDENT IDENTIFIED

From 1 January 2015, all Vocational Education and Training (VET) students in Australia must have a Unique Student Identifier (USI) to be issued their qualifications. The USI will stay with the student for life and be recorded with any nationally recognised VET training that is completed from when the USI comes into effect. The USI will be available online and at no cost to the student. You can apply now: www.usi.gov.au.

Note: AJL Training cannot confirm your enrolment until a USI has been provided.

My USI number is:

<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"/>	<input type="text"/>	<input type="text"/>
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CONTACT DETAILS

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

Phone (W) (____) _____ Preferred Email: _____

EMPLOYMENT DETAILS:

If employed, which best describes your industry of employment?

- | | |
|---|---|
| <input type="checkbox"/> Agriculture & Forestry | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, Gas, Water, |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other |
- _____

If employed, which best describes your job role?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Machinery operator / Driver | <input type="checkbox"/> Labourer |
| <input type="checkbox"/> Clerical / Administration | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Technician / Trades worker | <input type="checkbox"/> Other |

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/training:

- Find a job Develop my existing Start my own business Enter a different course Find a better job
 Requirement of my job Want extra skills for Start a different career Personal interest or Other reasons
 Get skills for community/voluntary work

STUDENT PRIVACY

NVR Standard 5.1 – 5.4, 8.5

Personal information collected in connection with this application will be used for the purpose of assessing the application, and for the purposes of administration of legislation regulated by the relevant authority. Subject to the Occupational Health and Safety Act, AJL Training Pty Ltd may disclose personal information to a court or tribunal. If you do not provide the appropriate information, your application may not be accepted or processed. You have the right to access information that a RTO holds about you. We are bound by the Privacy Act and will never use your information for any purpose than as stated. You can access our privacy policy at www.ajl.com.au.

AJL Training Pty Ltd utilise photography and/or videography throughout training courses. This may be utilised as evidence of training, assessment and participation, or for training, promotion or demonstration using suitable and appropriate distribution platforms and formats.

- I have read and understand this information and agree to use the AV material in the manner outlined.

EMERGENCY DETAILS / NEXT OF KIN

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

Relationship _____ Mobile _____

ADDRESS OF USUAL PLACE OF RESIDENCE:**MAILING ADDRESS IF DIFFERENT**

No. and street _____ No. and street _____

Town/Suburb _____ Town/Suburb _____

State/Territory _____ Post code _____ State/Territory _____ Post code _____

CITIZENSHIP AND RESIDENCY, LANGUAGE AND CULTURAL DIVERSITY

Please select your citizenship status (proof of ID to be provided to an authorised representative of AJL Training)

- Australian Citizen NZ Citizen Australian Permanent Resident Australian Permanent Humanitarian Visa
 Temporary resident

In which country where you born? Australia Other (specify) _____

Are you of Aboriginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander

PROOF OF IDENTITY

Two forms of identification required.

1. The following original/certified document(s) are proof of name and Australian Citizenship/Residency

- Medicare Card Passport (<2 years expired) Birth Certificate

Document Number: _____ Expiry Date: _____

2. The following original/certified document(s) are proof of date of birth & signature (*at least one required*)

- Australian Drivers Licence HRW Licence ASIC or MSIC Card

Document Number: _____ Expiry Date: _____

QUALITY ASSURANCE OF TRAINING AND ASSESSMENT

NVR Standard 2

I understand that I am enrolling in an AQF qualification course, and that I may be contacted by the Training Organisation or Regulator to discuss my training program.

I Agree to be contacted

I do not want to be contacted

RECOGNITION OF PRIOR LEARNING

NVR Standard 3.5

Skills and knowledge acquired from other learning or life experiences may be credited toward achievement of this program. For training programs considered as "High Risk", credit may be granted toward the training component only and summative assessment may still be required. A full "RPL Assessment Services" is offered to all participants. If required, discuss with the trainer/assessor.

Please provide me with full details of formal RPL process

Formal RPL not required.

PERSONAL INFORMATION

NVR Standard 1.7

What language do you speak at home?

English Other _____

How well do you speak English?

Very well Not well

Well Not at all

Are you still attending secondary school? (Y/N) _____

What is your highest completed school level?

Completed Year 12

Completed Year 11

Completed Year 10

Completed Year 9 or equivalent

Completed Year 8 or equivalent

Did not attend secondary school

Where did you complete this school level? _____

In which year did you complete this school level? _____

Which best describes your current employment status?

Full time employee Part time employee

Self Employed Employer

Current Employer: _____

Unemployed Seeking full time employment Unemployed Seeking part time employment

Unemployed Not seeking employment Unpaid Employed Family business

If unemployed, are you registered as a "jobseeker"?

(Yes/No) _____

If YES, you may be eligible for a subsidised training place under a "Government Funded Program". A copy of your ESP Referral Letter MUST be provided to claim the subsidy.

Do you have a disability, impairment or long term Condition? (Y/N) _____

If YES, Please indicate one or more areas below:

Hearing/deaf Acquired brain injury

Physical Vision

Intellectual Medical condition

Learning Other (specify)

Mental Illness

Have you successfully completed any qualifications?

(Yes/No) _____

If YES, in what year did you complete? _____

Certificate I Certificate II

Certificate III Certificate IV

Certificate V Advanced Diploma

Bachelor degree or higher degree

Details: (e.g. motor mechanic, plumber, Bachelor of Arts)

If YES, where was your qualification obtained?

Please indicate if it is Australian (A), Australian Equivalent (E) or International (I) qualification:

Australia Another country A E I

COURSE SUITABILITY

NVR Standard 5.1-5.4

I have made my own enquiries and believe that this training course is suitable for my personal and career purposes. I consider that, based on my educational attainment, capabilities, aspirations and interests, this training is appropriate for me.

ALTERNATIVE PAYMENT OPTIONS**SPONSORSHIP/THIRD PARTY PAYMENT**

I consent to AJL Training Pty Ltd providing my sponsor(s) with result information, and/or copies of Certificates and/or Statements of Attainment (if required).

SPONSOR DETAILS

Company Name: _____

Company ABN: _____

Address: _____

Phone number: _____

Email: _____

Contact name: _____

Sponsor signature: _____

CREDIT CARD

If you are paying in person you can provide payment details here. All credit card details are blocked out once the financial transaction has been processed.

Mastercard Visa

Card Number _____

Expiry date: ____/____/____ Verification Code: _____

Card holders name: _____

Signature: _____

Please call for credit card details for payment

APPLICANT DECLARATION

NVR Standard 3.6

- I declare that to the best of my knowledge, the information provided in this application, and supporting this application, is true and correct in every particular. I understand that it is my responsibility to provide all relevant information, and that there are severe penalties under law for making a false or misleading declaration, or attempting to fraudulently obtain a Qualification or Licence.
- I authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly pertaining to my eligibility for any training subsidy or concession. I acknowledge that AJL Training Pty Ltd must make sure all relevant legal requirements are met and agree to comply with a reasonable direction related to safety, security and federal and state laws.
- I can view current policies and procedures and I can contact the RTO to request a paper copy to be sent to me at any time.
- I acknowledge I have read, understand and agree to the RTO's student refund policy.
- I acknowledge I have read and understand the RTO complaints and appeals policy.
- I will abide by the policies, procedures and any other rules of the RTO whilst I am studying.
- The RTO is required under S19 of the ESOS Act to report to the Secretary of the Department of Education about changes to the student's enrolment; and any breach by students of student visa conditions relating to attendance or course progress.
- I agree that the RTO may provide my educational records or information to a sponsoring agency or any other educational institution to which I apply.
- I declare that I will disclose to the RTO any contagious medical condition that I might contract prior to or during my course and I agree to disclose any pre-existing medical or health condition that may require ongoing or intermittent medical attention or that may affect my ability to fully participate in classroom or activity programs.
- I have read and understood the 2019 VET Data Policy Privacy Notice.

Applicants Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

*Parent/guardian consent is required for all students under the age of 18***FORMAL EMPLOYER AGREEMENT (on-site workplace training only)**

NVR Standard 1.5

Permission for on-site training and/or assessment in accordance with the nominated training plan is granted? Yes No

Nominated workplace supervision/trainers and appropriate licence details are shown below:

Names:

Role

Licence details

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I understand that I may be contacted by the training organisation or Regulator to discuss the training and assessment methods used during this program. This may take the form of a short survey.

Employer Signature _____

Date: _____

TRAINER AND ASSESSOR USE ONLY

- Identification sighted Name and DOB verified 18 years or older (HRW only)
- I have checked the PTR (if applicable) of the student, and consider the training course to be suitable for his/her purposes.
- I have checked the following:**
- LLN capability Reason for study General communication skills Application form