

PLEASE NOTE: IT IS IMPORTANT TO COMPLETE ALL AREAS OF THE ENROLMENT FORM ACCURATELY AS THIS IS A GOVERNMENT COMPLIANCE REQUIREMENT. CERTIFICATES CANNOT BE ISSUED UNLESS ALL PAPERWORK IS COMPLETED ACCORDINGLY. ONLY ENROLMENT FORMS THAT ARE COMPLETED IN BLUE/BLACK PEN WILL BE ACCEPTED.



LYNEX HEALTH CARE & TRAINING SERVICES

RTO No 21018

Enrolment Form

1. PERSONAL DETAILS

Title: Tick one. Mr Mrs Miss Ms Dr Other ***Unique Student Identifier:**

Given & Middle names: Family name (surname):

Address: Suburb/ Town:

State/ Territory: P/Code:

Phone (home): Mobile:

Email:

Male Female Date of Birth / /

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

Country of Birth: Language spoken at home:

Are you new to the Victorian Education system (attended School, TAFE or other provider)? YES NO

If you are under 24 and have a Victorian student number please provide it here:

Emergency contact details

Emergency contact: Relationship: Daytime telephone: Mobile:

2. UNIT/COURSE DETAILS

Are you enrolling in a formal course: YES NO

If yes state course title: **Provide an Emergency First Aid Response in an Education & Care Setting** Course code: **HLTAID004**

If no, state unit name: Unit code:

How did you hear about the course? Employer/ colleague/ internet/ flyer/ word of mouth/ job network/ yellow pages/advertisement/ training.gov.au/Other (please specify:

Do you satisfy the course entry requirements (if any)? YES NO. Evidence attached? YES NO

3. LEARNING DETAILS

How well do you speak English? Very well Well Not well Not at all

Year school completed (e.g. 1998): Town/City:

What is your highest completed school year? (Tick one)

Year 12 Year 11 Year 10 Year 9 Year 8 or below never attended school

Are you still attending secondary school? YES NO

Have you successfully completed any of the following qualifications? YES NO

If you have completed qualifications since leaving school, which option/s best describes?

Advanced Diploma or Associate Degree Certificate 1

Bachelor Degree or higher degree Certificate 2

Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Lynex Health Care & Training Services to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice
- request a hard copy of the DESE VET Privacy Notice

Contact Delene on **03 9704 1633** or email lynex@optusnet.com.au.

7. FEES AND COURSE CANCELLATION TERMS

Enrolment fee: NIL **Replacement certificate/ statement of attainment fee:** \$20.00 **Materials fee:** included in course fee

Re-assessment fee: NIL **Re-training fee:** Upon Application

Unit/Course Fees			
Course in First Aid Management of Anaphylaxis – 22300VIC	\$55.00	Provide CPR – HLTAID009	\$55.00
Provide First Aid – HLTAID003	\$150.00	Provide an Emergency First Aid Response in an Education & Care Setting – HLTAID004	\$150.00

Unit/Course Cancellation/Refunds

Withdrawal from course more than 5 days before start date	No refund required as no fees paid by the student as course fees are paid upon completion of course.
Withdrawal from course 5 days or less before start date	No refund required as no fees paid by the student as course fees are paid upon completion of course.
Withdrawal after course start date	No refund required as no fees paid by the student as course fees are paid upon completion of course. Students who withdraw from a course after they have commenced but not completed will incur an administrative cost as determined by the Director.
Lynex Health Care & Training Services fails to deliver the course within 5 working days of the agreed date	Lynex Health Care & Training Services is liable for its own associated costs and will offer students the same course on an alternative date.
Lynex Health Care & Training Services fails to deliver the course in full after start date of course	Lynex Health Care & Training Services will offer students the course on another date.

8. PAYMENT DETAILS

Enrolment fee: **Course fee:** **Materials fee:** **Total fee:**

Cash Money Order Cheque (payable to Lynex Health Care & Training Services) Direct Debit) Invoice

Payments to:

Bank: Westpac BSB: 033 341 Account no: 444508

Prior to completing this enrolment form it is important that all you read the Student Information Handbook which outlines important information about your training course and identifies your and Lynex Health Care & Training Services rights and responsibilities. Students are encouraged to contact the Director to seek clarification on any item. *Mandatory field

9. DECLARATION

Please read this section carefully before signing and submitting the application.

I declare that the information I have provided to the best of my knowledge is true and correct.
I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
I also declare that I have read the Student Handbook and understand my rights and obligations

Student name: **Student signature:** **Date:**

Parent/Guardian Signature: **Parent/Guardian signature:** **Date:**

**Parental/guardian consent is required for all students under the age of 18.*

To be completed by Lynex Health Care & Training Services staff

This section is to be completed by the Lynex Health Care & Training Services staff member assessing the application:

The student has submitted the appropriate evidence/ documentation in support of the application. Yes No

The student satisfies the entry requirements. Yes No

The student has been notified of the outcome of the application. Yes No

Staff name: **Signature** **Date:**.....

To be completed if you do not have a USI number:

USI Declaration-

From 1 January 2015, we (LYNEX HEALTH CARE & TRAINING SERVICES) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>.

If you would like us (LYNEX HEALTH CARE & TRAINING SERVICES) to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

I **[NAME]**

.....authorise
LYNEX HEALTH CARE & TRAINING SERVICES to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

SIGNATURE **DATE**

Return the completed enrolment form along with supporting documentation to the Director, Lynex Health Care & Training Services, 75 Prospect Hill Road, Narre Warren, Vic, 3805 or by e-mail to lynex@optusnet.com.au.

Please return the enrolment form in the same condition that you receive it. Damaged/folded forms will not be accepted as they cannot be scanned and saved electronically.