

**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 Cardiopulmonary Resuscitation** Course code: **HLTAID001**

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

- Diploma or Associate Diploma  Certificate 3 or Trade Certificate  
 Other certificate  Certificate 4/Advanced/Technical Cert.

**Do you have a disability, impairment or long term condition?**  YES  No

If Yes, please tick the box which best describes your disability:

- Acquired brain injury  Hearing/deaf  Intellectual  Learning  Medical Condition  
 Mental Illness  Other disability  Physical  Unspecified  Visual/sight  Chronic Illness

Is there anything that may prevent you from successfully completing the training course?  Yes  No If yes please submit details with this application.

**Do you need help with reading and writing or maths?**  YES  No

**For what reason/s, as listed below, do you wish to complete this course?**

- Get a job  Develop my existing business  Start my own business  
 Try for a different career  Get a better job or promotion  Requirement of my job  For self development  
 Extra skills for my job  Get into another course or study  For personal interest  Other reasons

#### 4. EMPLOYMENT DETAILS

Which situation, as listed below, best describes your current employment status?

- Employed (as an unpaid family worker)  An employer  
 Employee full time  Not employed – not seeking employment/retired  
 Employee part time  Self employed (not employing others)  
 Unemployed and seeking full time work  Unemployed and seeking part time work

Occupation: .....

Business Name: .....

Postal Address: .....

Contact Phone: ..... Fax: .....

Email: .....

**If a Statement of Attainment is issued and you are unable to accept it do you give permission for Lynex Health Care & Training Services to forward the Statement of Attainment to your employer?** Yes  No

#### 5. CREDIT TRANSFER

Do you wish to apply for Credit Transfer (CT)?  YES  No

There is no fee charged for processing CT applications.

#### 6. PRIVACY

Lynex Health Care & Training Services respects student's privacy rights and operates in compliance with the Privacy Act and National Privacy Principles 2001. Refer to [www.privacy.voc.au](http://www.privacy.voc.au) for more details.

Lynex Health Care & Training Services will treat all student personal information confidentially and will not disclose any details to a third party without the student's prior written consent. \*\*

\*\*Except where required through its commitment to comply with the Training Reform Act 2006 and supply student data to Victorian Registration and Qualifications Authority and other regulatory bodies.

#### 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 – HLT AID001	\$55.00
Provide First Aid – HLT AID003 or BLENDED	\$185.00 \$159.00	Provide an Emergency First Aid Response in an Education & Care Setting – HLT AID004 or BLENDED	\$220.00 \$159.00

#### 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.

- Under the *Data Provision Requirements 2012*, **LYNEX HEALTH CARE & TRAINING SERVICES** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).
- Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **LYNEX HEALTH CARE & TRAINING SERVICES** for statistical, regulatory and research purposes. **LYNEX HEALTH CARE & TRAINING SERVICES** may disclose your personal information for these purposes to third parties, including:
  - School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
  - Employer – if you are enrolled in training paid by your employer;
  - Commonwealth and State or Territory government departments and authorised agencies;
  - NCVER;
  - Organisations conducting student surveys; and
  - Researchers.
- Personal information disclosed to NCVER may be used or disclosed for the following purposes:
  - Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
  - facilitating statistics and research relating to education, including surveys;
  - understanding how the VET market operates, for policy, workforce planning and consumer information; and
  - administering VET, including program administration, regulation, monitoring and evaluation.
- You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.
- NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

**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:** ..... **Certificate Number:** .....

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

USI Declaration-	
<p>From 1 January 2015, we (<b>LYNEX HEALTH CARE &amp; TRAINING SERVICES</b>) 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 <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a>.</p>	
<p>If you would like us (<b>LYNEX HEALTH CARE &amp; TRAINING SERVICES</b>) 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 <a href="http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf">http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf</a></p>	
<p>I <b>[NAME]</b> .....</p>	
<p>.....authorise</p>	
<p><b>LYNEX HEALTH CARE &amp; TRAINING SERVICES</b> 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 <a href="http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf">http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf</a></p>	
<p><b>SIGNATURE</b>.....</p>	<p><b>DATE</b>.....</p>

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](mailto: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.