

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 First Aid** Course code: **HLTAID003**

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 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 – HLTAID001	\$55.00
Provide First Aid – HLTAID003 or BLENDED	\$185.00 \$159.00	Provide an Emergency First Aid Response in an Education & Care Setting – HLTAID004 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).

**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 (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/.</p> <p>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</p> <p>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</p> <p>SIGNATURE.....DATE.....</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.

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.