

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: **Course in First Aid Management of Anaphylaxis** Course code: **22578VIC**

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 NOTICE

Why we collect your personal information

As a registered training organisation (RTO), we are legally required collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

Without this information, Lynex Health Care & Training Services can not enrol you as a student.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), 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 – 22578VIC	\$55.00	Provide CPR – HLTAID009	\$55.00
Provide First Aid – HLTAID011	\$150.00	Provide First Aid in an Education and Care Setting– HLTAID012	\$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:

Lynex Health Care & Training Services Enrolment Form
This is not a controlled document when printed

Approved by: Delene Lynex
March 2023 Version 1.7

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.