

# ENROLMENT APPLICATION



Learner Details					Enrolment	
Mr	Mrs	Miss	Ms	Other	Which Course / Training are you enrolling in?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Name:					<b>Course Mode:</b> Please tick appropriate one	Face to Face <input type="checkbox"/>  Recognition of Prior Learning <input type="checkbox"/>  Distance Education/ Mixed <input type="checkbox"/>
					Traineeship <input type="checkbox"/>  Workplace Based <input type="checkbox"/>	
Given Name(s):					Do you have special requirements that may need assistance during the course?	
Address:					If yes, please give details. (eg. Wheelchair access, dietary requirements, disability, other)	
Postcode:						
*Date of Birth:					What are your primary duties?	
*Male <input type="checkbox"/> *Female <input type="checkbox"/>						
Phone (daytime): _____ Fax: _____						
Mobile: _____						
Email: _____						
<b>Employment Details</b>					Briefly, what is your previous work history?	
Organisation:						
Position:						
Address:						
Postcode:						
Phone: _____						
Mobile: _____						
Email: _____						

**Qualifications: Tick the highest grade or level of study you have completed**

Year 10  Year 12  Trade Certificate  Degree  Postgraduate  Diploma

**Your answers to the following questions helps us meet your learning needs. If you would like to discuss your needs further please contact your Trainer.**

At the end of this Unit/Course I want to be able to:

I am going to achieve this goal by (list actions eg. study timetable);

I feel I learn best when...

I would like my Trainer to be available to....

Do you experience any reading difficulties? If so, please describe. You are welcome to talk about these directly with your Trainer.

Do you experience any writing difficulties? If so, please describe. You are welcome to talk about these directly with your Trainer.

Do you find it easier to learn things by:

- a) hearing them said
- b) writing them down
- c) reading them
- d) saying them aloud
- e) television / radio

**Payment Information**

Course Cost:  
(+ GST)

How will you be paying?

I have enclosed cheque/money order

Another party will be making payment  
Eg. Employer, Govt. funding body

**Learner Declaration**

Applications made by learners under the age of 18 must be signed by a parent or guardian.

I have read and understood the policies and procedures in the Greenacres Training Service Learner Handbook and I agree to comply with the terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give my consent for my progress and assessment information to be given to;  
(insert position title) \_\_\_\_\_ as the Authorised Staff Member from my organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This section is only relevant for learners who are completing the course/unit(s) as part of their employment or through a Government funded training program.*