



Australian Learning Organisation
RTO Code:4556
STUDENT ENROLMENT FORM

COURSE			
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management	<input type="checkbox"/> BSB51918 Diploma of Leadership and Management		
<input type="checkbox"/> BSB30115 Certificate 3 in Business	<input type="checkbox"/> BSB30120 Certificate 3 in Business		
PERSONAL DETAILS			
Title:	First Name:	Middle Name:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified	Date of Birth:		
Phone:	Email:		
Residential Address:			
Postal Address: <input type="checkbox"/> As Above <input type="checkbox"/> Address if different:			
Country of Birth:		Town of Birth:	
Main language spoken at home:	How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All		
Are you of Aboriginal origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unique Student Identifier (USI) Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
If no USI, please apply for a USI on my behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION BACKGROUND			
In what year did you complete High School?	What is your highest completed school level?		
Have you successfully completed any tertiary studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what level?		
<input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III or Trade Certificate <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Associate Diploma <input type="checkbox"/> Bachelor Degree			
RECOGNITION OF PRIOR LEARNING (RPL)			
Do you wish to apply for RPL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
* If yes, we will contact you to make an appointment to discuss your training plan with a staff member			
DISABILITY/SPECIAL NEEDS			
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please select the areas of disability, impairment or long-term condition: (You may indicate more than one area)			
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other (Please specify):			
ADDITIONAL INFORMATION			
Would you like additional support with any special needs (literacy, numeracy, physical)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
This information is confidential and is only used as a means to provide the best support possible to suit your individual needs.			
If yes, please provide a brief description of the sort of support would best suit your individual needs:			
Australian Learning Organisation is committed to ensuring we offer training opportunities to all people on an equal and fair basis. All participants who meet our entry requirements will be accepted into any of our training programs. Any questions regarding access and equity can be directed to the Chief Executive Officer.			
EMPLOYMENT STATUS			
Of the following categories, which best describes your current employment status?			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Casual employee <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed - Not seeking employment			
Company Name if required for invoicing:			



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STUDY REASONS

Which of the following, best describes your main reason for undertaking this training? (Tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> Other reasons: |
| <input type="checkbox"/> To try for a different Career | <input type="checkbox"/> To get into another course of study | |

FEEES AND REFUNDS COURSE CHANGES, CANCELLATIONS, TRANSFERS

Refund Policy

Australian Learning Organisation will make a full refund of all fees paid should course be discontinued. Should the participant desire to take an alternative course with Australian Learning Organisation, fees will be fully transferable to that course. In the event of a course for which the participant was enrolled being unavailable or no acceptable alternative course is available fees are fully refundable, including any deposit paid.

Should a participant cancel an enrolment with Australian Learning Organisation, the following conditions will apply regarding a refund of fees:

- Cancellation prior to the commencement date 80% of course deposit of the \$1500.00 fees will be refunded.
- No refunds or transfers will be given for cancellations or discontinuations after a course commencement date except where extenuating circumstances prevail* or after exclusion for unsatisfactory attendance or behaviour
- All requests for cancellation or refunds must be made in writing using Australian Learning Organisation Refund Request and accompanied with supporting documentation where necessary
- Normal processing time for a refund request is up to four weeks
- Refunds will be paid within one (1) week of the claim being agreed upon

*Extenuating circumstances: Should a participant have to discontinue a course for legitimate reasons, such as sickness or exceptional family circumstances, a full refund less 20% will be paid.

GENERAL

Where our training programs have a limited number of places available, these will be filled in order of completed bookings. If, for any reason Australian Learning Organisation, or any party delivering training and assessment on our behalf, closes or ceases to deliver any part of the qualification in which a client has enrolled, Australian Learning Organisation will assist the learning in locating another provider or refund the portion of fees for which training, and assessment has not been provided.

Where there are any changes to the services agreed upon, Australian Learning Organisation will advise the learner as soon as practicable, any change in ownership, either via email, website or phone.

PRIVACY STATEMENT & STUDENT DECLARATION

The Australian Skills Quality Authority is entitled to collect the information on this form for use by the Commonwealth Department of Education. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. I acknowledge that I am entering into an agreement with Australian Learning Organisation and that each has a role to ensure a positive outcome. Australian Learning Organisation hereby agrees to provide the training, assessment and resources necessary for me to achieve this qualification and I acknowledge my role and responsibility in this agreement.

I acknowledge that I have read and understood the information provided. I confirm that the information provided by me is true and correct. I have been offered the opportunity for Recognition of Prior of Learning relating to this course and agree to the conditions set out previously.

Student Name _____ Signature: _____ Date: ____ / ____ / ____

Please attach to this form & copy of 100 points photo ID

Drivers license, Medicare card, Australian Birth Certificate, Australian passport, Non-Australian Passport (with Australian visa), Immicard, Citizen Certificate, Certificate of registration by descent

By signing this form, I certify that I will make every effort to deliver on the services outlined to students and provide every possible opportunity to students to complete their planned course.

ALO Representative Name: _____

Signature: _____ Date: ____ / ____ / ____