



LEADERS INSTITUTE OF TRAINING AND EDUCATION

RTO ID 41313 CRICOS ID 03503G

- Knowledge
- Practice
- Success
- Continuity

Enrolment Form v3.0

Please provide the following information

Course/ Qualification/ Unit Code/Name											
Course Commencement Date											
Unique Student Identifier (USI)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
<i>Unique Student Identifier (USI): From the 1st January 2015 The Federal Government requires all students to have a "Unique Student Identifier (USI)". If you have one, then enter it in the box above. If you do not have one, you must apply for one by visiting www.usi.gov.au. Or watch this How to video: https://www.youtube.com/watch?v=0HXEjWiZo5s Please ensure your name below represents the name used when you applied for your USI.</i>											

PERSONAL DETAILS

- Enter your full name
Family name (surname) _____
Given names _____
- Enter your birth date
Day/month/year _____ | _____ | _____
- Sex (Tick ONE box only)
Male M Female F
- What is the address of your usual residence?
Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.
Building/property name _____

Flat/unit details	Street or lot number (e.g. 205 or Lot 118)
Street name	State/territory
Suburb, locality or town	Postcode
- What is your postal address (if different from above)?
Building/property name _____

Flat/unit details	Street or lot number (e.g. 205 or Lot 118)
Street name	State/territory
Suburb, locality or town	Postcode
- You Contact details
Mobile _____ Landline _____
Email _____

LANGUAGE AND CULTURAL DIVERSITY

- In which country were you born?
Australia 1101
Other - please specify: _____
- Do you speak a language other than English at home? (*If more than one language, indicate the one that is spoken most often*)
No, English only 1201 English only - Go to question 10
Yes, other - please specify: _____

9. How well do you speak English?
- | | |
|------------|----------------------------|
| Very well | <input type="checkbox"/> 1 |
| Well | <input type="checkbox"/> 2 |
| Not well | <input type="checkbox"/> 3 |
| Not at all | <input type="checkbox"/> 4 |

10. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

DISABILITY

11. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y No N **No - Go to question 13**

12. If you indicated the presence of a disability, impairment or long term condition, please select the area(s) in the following list: (You may indicate more than one area)

Hearing/deaf	<input type="checkbox"/> 11	Mental illness	<input type="checkbox"/> 15
Physical	<input type="checkbox"/> 12	Acquired brain impairment	<input type="checkbox"/> 16
Intellectual	<input type="checkbox"/> 13	Vision	<input type="checkbox"/> 17
Learning	<input type="checkbox"/> 14	Medical condition	<input type="checkbox"/> 18
		Other	<input type="checkbox"/> 19

SCHOOLING

13. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent	<input type="checkbox"/> 12	
Year 11 or equivalent	<input type="checkbox"/> 11	
Year 10 or equivalent	<input type="checkbox"/> 10	
Year 9 or equivalent	<input type="checkbox"/> 09	
Year 8 or below	<input type="checkbox"/> 08	
Never attended school	<input type="checkbox"/> 02	Never attended school - go to question 15

14. In which YEAR did you complete that school level? _____

15. Are you still attending secondary school? Yes Y No N

PREVIOUS QUALIFICATIONS ACHIEVED

16. Have you SUCCESSFULLY completed any of the following qualifications?

Yes Y No N **No - go to question 18**

17. If YES then tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Certificates other than the above	<input type="checkbox"/> 990

EMPLOYMENT

18. Of the following categories which BEST describes your current employment status? (Tick ONE box only)

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed - not employing others	<input type="checkbox"/> 03
Employer	<input type="checkbox"/> 04
Employed - unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed - seeking full-time work	<input type="checkbox"/> 06
Unemployed - seeking part-time work	<input type="checkbox"/> 07
Not employed - not seeking employment	<input type="checkbox"/> 08

STUDY REASON

19. Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/apprenticeship? (Tick ONE box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

Signature

Date

PAYMENT METHODS**EFT Banking Details:**

Account Name: Leaders Institute of Training and Education
BSB: 063 225 **A/C No.** 10439998
 Commonwealth Bank of Australia

Credit Card Payment Details:

Course Code/Name:		
Amount:		
Account Type:	Visa <input type="checkbox"/>	Master <input type="checkbox"/>
		AMEX <input type="checkbox"/>
Cardholder Name		
Credit Card Number		
Expiration Date	CVV	
Signature:	Date:	

CVV= (3 digit number on back of Visa/MC, 4 digits on front of AMEX)