

<b>1. Details of Applicant</b>	
Surname: _____	
Given Names: _____	
Date of Birth:        /        /	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
City of birth: _____	
Country of birth: _____	
Address: _____	
Suburb/Town: _____	State: _____        Postcode: _____
Telephone: _____	
Postal Address (if not same as above): _____	
Email: _____	
<b>Employer:</b> _____	<b>Supervisor:</b> _____
<b>Employment Status:</b> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	
Employer <input type="checkbox"/> Unpaid worker <input type="checkbox"/>	
<b>2. Course Name</b>	
Course Title: _____	Course Date:        /        /
Have you previously completed this qualification?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. USI (Unique Student Identifier):</b> _____	
<p>Note if you do not have a current USI, LRM may create one on your behalf with provision of approved identification.</p> <p>It is a requirement that all participants studying nationally recognised training in Australia from 1 January 2015, have a Unique Student Identifier (USI). A USI is an account (or reference number) made up of numbers and letters. The USI will allow participants online access to their training records and results (transcript) through their online USI account. The USI is a requirement under Commonwealth legislation and conditions of registration for RTO's. As such, LRM must have a valid USI for each participant before we can issue you a qualification or statement of attainment.</p>	
I provide consent for LRM to create a USI on my behalf and will provide approved identification for this purpose. <input type="checkbox"/>	
<b>4. Payment Details</b> (Enrolment not confirmed until receipt of payment as per LRM Terms and Conditions)	
<b>Reference: If paying by EFT/Direct Deposit please include your surname as the reference</b>	
Bank:                    Westpac  Account Name:        LRM Consulting Services Pty Ltd  BSB Number:            034640  Account Number:      375535	I give authority to LRM Consulting Services Pty Ltd to draw \$                    from my Mastercard or Visa as below:  Card Holder Name: _____ Card No:        _____ Expiry:        /        CCV        _____ Signature: _____
Or: I have enclosed a cheque/money order in the amount of \$                    (enrolment confirmed upon clearance of cheque)	

## 5. Fee Policy

Fees are levied on all LRM Training Services' courses. These fees are inclusive of administration costs, course notes, handouts, and delivery. A deposit is payable at the time of enrolment, with remaining balances due prior to course completion. On receipt of the enrolment form and payment of fees, a Tax Invoice will be issued to the Company or participant for their record and taxation purposes. Payment of fees by instalment may be considered on an individual basis.

All cancellations must be notified in writing via mail or email. Cancellations received less than 5 (five) working days prior to the commencement of the course will incur a cancellation fee. In this instance, the course enrolment fee/s will be retained by LRM Training. Fees are not transferable. Cancellation fees applicable to RPL services are 20% of the total cost if an assessment has not been commenced by LRM. No refunds are available if an assessment has commenced. Further note that no time period applies.

Non-attendance: Non-attendance for course commencement by a participant will be regarded as a cancellation without sufficient notice. LRM Training Services reserves the right to cancel, postpone or re-schedule courses due to low enrolment or unforeseen circumstances. Where a refund is due to a client, a full refund will be sent within thirty days. LRM Training Services reserves the right to change fees, dates, trainers or methods of presentation at its discretion and will ensure that a full refund of enrolment fees will be offered if a course is cancelled by the organisation. Participants in exceptional circumstances can make application for special consideration to LRM Training Services.

## 6. Recognition of Prior Learning (RPL) or Credit Transfer (CT)

Do you wish to apply for Credit Transfer: \*Yes ☐ No ☐

\* If you have ticked yes, we will contact you to make an appointment to discuss your training plan with a staff member. Fees associated with RPL will be provided upon application.

## 7. Third Party Consent

If LRM Training Services are engaged by my employer to provide an RPL or CT service to me, I hereby provide consent for LRM Training Services to release relevant information to my employer throughout their provision of this service. Further, I provide consent for LRM Training Services to provide my employer with a copy of any/all certificates issued to me by LRM Training Services.

## 8. About Yourself

Do you need additional support with special needs (literacy / numeracy)? \*Yes ☐ No ☐

Language: English ☐ Other ☐

Proficiency in spoken English:  
Very well ☐  
Well ☐  
Not well ☐  
Not at all ☐

Do you have a disability: Yes ☐ No ☐

If so, what is your disability?

\* This information is confidential and is only used as a means to provide the best support possible to suit your individual needs.

ATSI Status: Aboriginal ☐  
Torres Strait Islander ☐  
Both Aboriginal and Torres Strait Islander ☐  
Neither Aboriginal or Torres Strait Islander ☐

## 9. Access & Equity

LRM Training Services 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 their selected training course. Any questions regarding access and equity can be directed to the Lead Trainer & Assessor.

## 10. LRM Marketing and Promotion

By attending this course, you are authorising LRM Training Services to display or distribute on any/all marketing material or medium, any images (still pictures or video) obtained during or as part of this course delivery and/or assessment. Further you acknowledge that you will not receive payment or any other remuneration if your image is utilised by LRM Training Services as aforementioned.

## 11. Declaration

I understand that information contained in this form may be provided to State and Commonwealth agencies only for the purpose of reporting as required by all Registered Training Organisations and I consent to that occurring. I certify that all details provided on this form are true and correct.

## 12. Applicants Signature

Date: / /