

ENROLMENT FORM

Client ID Number: <i>(for office use only)</i>			
Personal Details: <i>(PLEASE PRINT CLEARLY)</i>			
Title: Mr Ms Mrs Miss	Surname:	Given Names: Preferred Name: <i>(for name tag)</i>	
Address: <i>(HOME)</i> :			State
			Post Code
Telephone:	<i>(HOME)</i> :	<i>(MOBILE)</i> :	<i>(email)</i> :
Occupation:			

Employer Details (current): <i>(PLEASE PRINT CLEARLY)</i>		
Employer Name:		
Employer Address:		
Telephone:	Fax:	email:

Enrolment Details: <i>(PLEASE PRINT CLEARLY)</i>		
COURSE NAME/BLOCK NAME	COURSE CODE	COURSE START DATE PREFERENCE

Prior Training/Education:		
Qualification Gained	Training Institution and Address	Date

Recognition of Prior Learning (RPL) - Recognition of Current Competency (RCC)	
<p>People who consider they already possess competencies for some or all of the units of a program will be granted credit on the substantiation of the claims. These competencies may have been gained through, formal or informal training or work or life experience.</p> <p>If you wish to apply for Recognition of Prior Learning or Recognition of Current Competency against a National Training Package you will need to identify and list the units/modules for which you are applying on a separate sheet of paper to be attached to this enrolment form. Launch Development will discuss your application and the process with you in advance of the course starting.</p>	
Where did you find out about this training program?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Word of mouth/Referral

Past Employment History (if relevant)		
Employer Name	Position/s Held	Period Employed

Access and Equity (THIS INFORMATION IS OPTIONAL and WILL BE KEPT STRICTLY CONFIDENTIAL)

Launch Training & Development prohibits discrimination towards any group or individual in any form. If for any reason, including any medical condition or disability, literacy or numeracy concerns or cultural considerations, you think you may not be able to fully and effectively participate in the program please advise us. This will enable us to endeavour wherever possible to ensure your fullest participation.

Brief Details:

Not Applicable

Attendance Reasons (this information will be kept confidential)

People attend training programs for any number of reasons. To ensure you obtain the maximum benefit from the course please tick one of the boxes below or write your reasons for enrolling in this particular program

enhance work prospects
 obtain a recognised qualification
 personal development
 career change
 other (please specify)

Payment Details

Cash

Cheque Enclosed

Please Invoice my Employer (details above or provide here)

Direct Credit: Bank of Queensland Account Number: 124 030 20127502 Launch Development Pty Ltd

Card (please tick one) Visa Mastercard

Name of Cardholder:..... Signature of Cardholder:.....

 Expiry Date:..... Payment Amount:.....

NOTE: Fees must be paid in full prior to course commencement unless prior arrangement made with Launch Development

Signature

I hereby acknowledge that I have provided all relevant information above and that I have received a copy of the Client Information brochure which includes the Launch Training & Development refund policy.

_____ _____

(CLIENT SIGNATURE) (DATE)

OFFICE USE ONLY

Enrolment Acknowledged Full Payment Received
 Invoice Sent Deposit Received Receipt Issued