



Information contained in this document is utilized in accordance with Le Pont International College Privacy Policy			
Please complete the following form in full and return. If you have any questions please contact our customer service staff or visit our website at : www.lepont.com.au		Email: admissions@lepont.com.au Phone: 02 9172 5544	
Section 1 – Personal Details (Please Mark with X)		Section 2 – Identification (Please Mark with X)	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other :		Have you completed a course with Le Pont International College Previously ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surname:		Previous Course Name:	
Given Names:		Unique Student Identifier (USI)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		Le Pont International college is required by law to verify your Unique Student Identifier (USI) before we can issue certification.	
Date Of Birth:		Do you have a USI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 3 – Qualification/Course Details		Your USI Number:	
I wish to enrol in the following course:		** Obtaining your USI?	
Qualification/ Course Name:	<input type="checkbox"/> SIT40516-Certificate IV in Commercial Cookery <input type="checkbox"/> SIT50416-Diploma of Hospitality Management Intake: ____/_____/20__	<input type="checkbox"/> I will obtain my own USI from http://www.usi.gov.au/ . I understand that delay in supplying my USI to Le Pont International college may result in delay in course participation and certification.	
Delivery Mode & Commencement:		<input type="checkbox"/> I authorize Le Pont International college to obtain a USI on my behalf. I have attached one form of ID.	
<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Apprenticeship / Trainee ship	Date:	Provide at least ONE form of ID (e.g. Driver's License)	
	Time:	ID Type:	
	Location:	ID #:	
Section 4 – Contact Details		ID Sighted (Admin to sign):	
Phone (Home):		List relevant industry licences you hold, Examples:	
Mobile:		<ul style="list-style-type: none"> • Occupational Licenses <input type="checkbox"/> • Industry Inductions <input type="checkbox"/> • First Aid <input type="checkbox"/> • High Risk <input type="checkbox"/> 	
E-Mail:		Section 5 – Workplace Details	
Home Address:		Company Name:	
Suburb:	State:	Postcode:	Address:
Mailing Address:			Suburb:
Suburb:	State:	Postcode:	State:
Next of Kin (Name) :			Postcode:
Relationship:	Contact Tel:		E-Mail Address:
Mobile No:	Contact Person:		Work No:



Section 6 – Payment

Total of Fees :

- Invoices/receipts will be raised and sent within 7 days of enrolment date.
- Payment is expected within 14 days.
- Payment must be made before commencement of course.
- The Admin and resource fees are payable immediately. No refund is applicable for these fees.
- Cancellation fees may apply, refer to refund policy.

Course Fee :	\$
Resources Fee :	\$
Administration Fee:	\$
Total:	\$

Payment Plan :

The following payment plan has been negotiated & agreed:

Initial Payment= \$1500 Maximum
Per Unit Fee= \$

Initial Payment (Mx \$1500)= \$
As new unit is commenced \$

Payment Options / Method :

- Cash
 Cheque

Please make cheques payable to :

- Direct Deposit/Electronic Funds Transfer
Name: Le Pont International college
BSB: 062-339
Account Number: 1121-2191
Bank: Commonwealth Bank
Reference: Student ID-Term Number

- Credit Card
Type: Visa Mastercard
Name on Credit Card:
Credit Card Number:
Expiry Date:
CSV:

- Direct Debit I hereby authorise Le Pont International College to process my regular payment, as per the agreed payment plan stated above, through my Credit Card, as stated above.

Agreement to Payment terms and plan outlined above.

I hereby agree to the payment terms and plan as outlined.

Client Signature:

Date:

RTO Signature:

Date:

Section 7 – Personal Information

A. English Language Ability (Please choose by placing an X in the boxes that apply to you)

Which English test have you completed in the last 2 years?

- IELTS TOEFL PTE CAE NONE

Other Result of the test

Have you completed any English test in Australia?

- Yes (If yes, please attach relevant evidence) No



B. Employment Status (Please choose by placing an X in the boxes that apply to you)		
<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Employed – Unpaid Worker in Family Business	
<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Unemployed – Seeking Full-Time Work	
<input type="checkbox"/> Self-Employed (Not Employing Others)	<input type="checkbox"/> Unemployed – Seeking Part-Time Work	
<input type="checkbox"/> Employer	<input type="checkbox"/> Not Employed – Not Seeking Employment	
C. Disability Status (Please choose by placing an X in the boxes that apply to you)		
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?		
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to D.		
Disability, Impairment or Long-Term Condition:		
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other:
<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Not Specified
Do you need any additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:		
D. Language and Literacy (Please choose by placing an X in the boxes that apply to you)		
Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Education (Please mark with an X)
If NO, what is your country of birth?		What is your highest level of education COMPLETED?
Please State your Visa Classification (if applicable) – eg 572, 457 etc		<input type="checkbox"/> Did not go to school
Is English your First Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Completed Year 10 or Equivalent
If NO, what language do you usually speak?		<input type="checkbox"/> Year 8 or Below
How well do you speak English?		<input type="checkbox"/> Completed Year 11 or Equivalent
<input type="checkbox"/> Very Well <input type="checkbox"/> Minimal		<input type="checkbox"/> Completed Year 9 or Equivalent
<input type="checkbox"/> Well <input type="checkbox"/> Not at all		<input type="checkbox"/> Completed Year 12 or Equivalent
		Year / Month Completed :
		School:
Reason for Study (Please choose by placing an X in the boxes that apply to you)		
Which of the following statements best describes your reason for enrolling in this course?	<input type="checkbox"/> Personal Interest	<input type="checkbox"/> Requirement of my job
	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try another career
	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> Meet CPD / license / vocational requirements
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To gain a qualification
	<input type="checkbox"/> Other: (Please Identify)	



Section 8– Client Enrolment and Policy acceptance Declaration

A. Indigenous Status (Please choose by placing an X in the boxes that apply to you)

I,, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Le Pont International College to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

I declare that I have read, understood and agree with the following:

Initial

All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

PRIVACY

The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website www.lepont.com.au

REFUND POLICY

Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website www.lepont.com.au or contact us.

COLLECTION FEES

By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.

Client Name:

Client Signature:

Date:

RTO Staff Name:

RTO Signature:

Date:

Admin Use Only

Client Signature:

Course Enrolled:

LLN Assessment completed :

Yes No NA

Date:

/ /

Initial:

Enrolment processed in SMS :

Yes No NA

Date:

/ /

Initial:

Client File Created :

Yes No NA

Date:

/ /

Initial:

Invoice Raised:

Yes No NA

Date:

/ /

Initial:

Invoice Sent:

Yes No NA

Date:

/ /

Initial:

Confirmation Letter Sent:

Yes No NA

Date:

/ /

Initial:

Training & Assessment Resources Sent

Yes No NA

Date:

/ /

Initial:

Trainer / Assessor Advised:

Yes No NA

Date:

/ /

Initial:

Client Induction Completed:

Yes No NA

Date:

/ /

Initial: