



ENROLMENT FORM

SURNAME:

GIVEN NAMES

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DATE OF BIRTH

/	/	
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SEX: MALE FEMALE

POSTAL ADDRESS		
SUBURB	STATE	POST CODE
EMAIL ADDRESS		
PHONE:	MOBILE:	

PERSONAL DETAILS

NEXT OF KIN (Emergency Contact)		PHONE :
DO YOU HAVE ANY MEDICAL CONDITIONS OR SPECIAL NEEDS		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please provide details		
DRIVERS LICENCE NO.		STATE ISSUED
COUNTRY OF BIRTH:		
ARE YOU OF ABORIGINAL/TORRES STRAIT ISLANDER ORIGIN?	YES	NO

LEVEL OF EDUCATION

NAME OF SECONDARY SCHOOL:		
PLEASE TICK YEAR OF COMPLETION		
JUNIOR YEAR 10	<input type="checkbox"/>	YEAR OF COMPLETION
SENIOR YEAR 11	<input type="checkbox"/>	YEAR OF COMPLETION
YEAR 12	<input type="checkbox"/>	YEAR OF COMPLETION
LUI NUMBER:		
CERTIFICATE QUALIFICATION:		YEAR ACHIEVED
TRADE QUALIFICATION:		YEAR ACHIEVED
TERTIARY EDUCATION:		YEAR ACHIEVED

Your personal information may be disclosed to Australian and State Government Authorities and agencies. If you are school- based apprentice, trainee or are enrolled in a school. Your information, attendance detail, progress and results will be disclosed to your employer, school or if you are under 18 your personal details, attendance and progress results may be disclosed to parent or guardian



PROGRAM DETAILS

NAME OF PROGRAM:	
PROGRAM CODE:	

INDIVIDUAL UNITS OF COMPETENCIES	

ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING (RPL)

YES

NO

If yes an educator will contact you soon regarding you RPL kit

STUDENT DECLARATION (PLEASE READ CAREFULLY)

- I agree to abide by the rules and policies of LârShar college of Beauté & hair
- I confirm the accuracy of the information provided

IF UNDER THE AGE OF 18 YEARS, THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN TO COMPLETE THIS ENROLMENT.

STUDENTS SIGNATURE:

DATE: / /

PARENT/GUARDIAN'S SIGNATURE:

DATE: / /

(IF STUDENT UNDER 18 YEARS)

PAYMENT OPTIONS

CASH

PAYMNET PLAN

PHONE ENROLMENT

DIRECT DEBIT (contact LârShar for bank details ph: 07 49 722 906)

CARDHOLDER'S NAME

Card number

/ / /

Expiry date

/

card holder's signature

Amount

\$

CV

Office use only:

PLACE LEARNER NUMBERS HERE

VERIFIED BY _____

DATE: _____

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