



Australian Lifesaving Academy Queensland

Enrolment Form

Course title		Course No.	
Location		Date commenced / /	
Training provider (Club / LTP)			
Student details please use BLOCK letters (*must be completed)			
Family name*			
First name*		Middle name *	
Gender	Male	Female	Date of birth / /
<i>* The name recorded above should be your legal name and will appear on your certificate.</i>			
Contact details please use BLOCK letters (*must be completed)			
Street Address*			
Suburb*		State*	Postcode*
Home phone		Mobile	
Email			
Emergency contact			
Name			
Contact no.		Relationship	
Employer details (if applicable)			
Company name		Work Phone	
Cultural diversity		Language	
Were you born in Australia? Yes / No		Do you speak a language other than English at home? If more than one language spoken, indicate the one that is spoken most often?	
If no, in which country were you born? _____			
Are you of Aboriginal or Torres Strait Islander origin? Yes / No		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify _____	

Disabilities

Do you consider yourself to have a disability, impairment or long term condition? Yes No

If yes, please indicate the areas of disability, impairment and long term condition

Hearing/Deaf Learning Vision

Physical Mental illness\ Medical condition

Do you require any special assistance with your classes? Yes No

Do you require wheelchair access? Yes No

Feedback - How did you hear about the course?

Club Family/Friend Internet Employer Other

Disclosure

Occasionally ALAQ conducts surveys of past and existing students for customer satisfaction, improvement and marketing purposes. If you have any objection to be contacted, please tick here.

Student declaration (please read carefully and tick to indicate consent)

- I have received a copy and have read and understood the ALAQ Training Course Guide.
- I have received information about the pre-requisites for this course
- I believe I meet the pre-requisites for this course.
- I have been provided access to the Academy Handbook, either via hard copy or by being directed to the Academy website. I have read and understood this document.
- I agree to abide by the Training Code of Practice, as found in the Academy Handbook.

If under the age of 18 years, this form must be signed by a parent or guardian to complete this enrolment.

Student's signature

Parent/Guardian

Notes

Issues may arise beyond SLSQ's control which affects its ability to deliver courses. Whilst every effort will be made to conduct all courses as advertised, SLSQ reserves the right to change or otherwise revise any course related issues including courses offered, course timetables, class locations and trainer allocations. SLSQ will make every reasonable attempt to advise students of any changes made to their selected program. The details in this document are correct at the time of printing.

Personal information collected as a result of your enrolment will be used by SLSQ for general student administration, vocational education and training administration and regulation, as well as Academy planning, reporting, communication research, evaluation, auditing and marketing. Only authorized SLSQ staff has access to this information. If you are under the age of 18 years your personal information, attendance details, progress and results may be disclosed to your parent or guardian.

No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorized or required by law, in accordance with the Information Privacy Principles in Information Standard 42.