**Enrolment Form**

**BSB50820 Diploma of Project Management Leveraging Learning Program**

*Note: If you are an adult student please ignore the school and parent information.*

The information you are providing is to assist Transformed in preparing your enrolment in the above qualification.

**Once completed please return the form to:** **tony.shoebridge@transformed.com.au**

**and elainejroberts@outlook.com**

You will then receive a detailed email with a link to the online enrolment and direct debit payment instructions from Transformed.

|  |  |
| --- | --- |
| Student Full Name: |  |
| Mobile Contact: |  |
| Email Address: |  |

**School Information**

|  |  |
| --- | --- |
| Current School Year: |  |
| LUI Reference: |  |
| School Name: |  |

*Note: LUI (learner unique identifier) is a mandatory requirement for Queensland school students. The school can provide this number.*

**Parent or Guardian Information**

|  |  |
| --- | --- |
| Parent or Guardian name/s in full |  |
| Home Address |  |
| Suburb/State/Postcode |  |
| Email Address |  |
| Contact phone number for both parents or guardians |  |
| *If overseas number please include country code and time difference.* |

**Payment preference:**

*(Tick to indicate payment preference)*

|  |  |
| --- | --- |
| Upfront payment - $1,500, six monthly instalments of $550.00 |  |
| Upfront payment - $1,000, six monthly instalments of $633.33 |  |

Alternative payment plan, please provide details:

|  |
| --- |
|  |

***Note: Alternate payment plans are to be negotiated and formalised prior to enrolment***

**Personal Details:**

*As we take our Duty of Care very seriously and students are almost all minors and are frequently with our staff after regular school hours, it is important that we have accurate details in case of accident or emergency.*

Please describe any known medical conditions that could occur- e.g. Asthma, Diabetic episodes, Epilepsy, Allergies, or other medical conditions that could be a problem.

|  |
| --- |
|  |

Any actions that may have to be taken immediately. Dr Contact or use of epi -pen

|  |
| --- |
|  |

Any specific contact to be made e.g. Ambulance Number, Hospital Admission Number for those with chronic recurring complaints.

|  |
| --- |
|  |

Food allergies:

|  |
| --- |
|  |

Learning issues: If your student is receiving learning support from his or her school, please note it here.

|  |
| --- |
|  |

Should it be necessary to contact the school Learning Support Team, do you give permission for a suitably qualified Leveraging Learning Program Facilitator to make contact and access any results of testing to make sure that our support is integrated effectively with the school program.

**Yes No**

Are there any physical limits to your student’s normal participation that might require specific support? If yes, please give a brief outline.

|  |
| --- |
|  |

Please note that students who attend class after school at another school are responsible for their care of the host school property. Transport of students is the parental responsibility, and it is not desirable that new drivers are doing informal bus duties.

Are there any circumstances in the living arrangements that might constrain your student’s capabilities to meet requirements? e.g., Living away from home, being a boarder, custody arrangements or recent family bereavements.

|  |
| --- |
|  |

As there will be parent /guardian involvement at points throughout the program, please let us know whether you prefer (circle your choice)

Text messages:

Emails:

Phone contact:

Parent or Guardian:

**Student Signoff**

Name…… ……………………………………………………………..….

Signature…………………………………………… Date………………..

**Parent or Guardian Signoff**

Name…… …………………………………………………………….….

Signature…………………………………………… Date………………..