

Student Details

Student ID:		Date:	DD / MM / YYYY
Student Name			
Date of Birth:			
Phone:			
Email:			
Local Address:			
Overseas Address:			
Passport no:			
USI:			
Local Emergency Contact Name & Number:		Relationship:	
OSHC Provider and Membership Number			
Additional Details:			
☐	I consent for the use of my orientation photos and videos for marketing purposes.		
☐	I confirm that I have completed LLND assessment and I am aware of the support services provided by the college during the enrolment period		
☐	I have read the policies and processes in the student handbook, and I understand them.		
☐	I acknowledge that during orientation I was informed of my rights and responsibilities under the Standards for RTOs 2025 and the National Code 2018, including course progress and attendance requirements, support services available, fees and refund and the complaints and appeals process.		
Student's Signature:			

For Office Use Only

Concerned Staff member:	
Position:	
Signature:	
Date:	DD / MM / YYYY
Remarks:	