### Registered Training Organisation (RTO) Details

<table>
<thead>
<tr>
<th>RTO Legal Name:</th>
<th>Universal Education and Training Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTO Provider Number:</td>
<td>30173</td>
</tr>
</tbody>
</table>

### Personal Details

<table>
<thead>
<tr>
<th>Title (please tick one):</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>D D / M M / Y Y Y Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (please tick one):</td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Residential Address

| Address Line 1: | |
| Address Line 2: | |
| Suburb: | |
| State: | |
| Post Code: | |

### Postal Address

| Address Line 1: | |
| Address Line 2: | |
| Suburb: | |
| State: | |
| Post Code: | |

### Emergency Contact

| Emergency Contact Name: | |
| Relationship to you: | |
| Phone Number: | |
## Language and Cultural Diversity

**In which country were you born?** (please tick one)
- [ ] Australia
- Other ➔ Please Specify: ___________________________

**Do you speak a language other than English at home?** (please tick one)
- [ ] No, English only
- Other ➔ Please Specify: ___________________________

**How well do you speak English?** (please tick one):
- [ ] Very well
- [ ] Well
- [ ] Not Well
- [ ] Not at all

**Do you identify as Aboriginal or Torres Strait Islander origin?** (please tick one):
- [ ] No
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander

## Disability Considerations

**Do you consider yourself to have a disability, impairment or long-term condition?**
- [ ] No ➔ Go to next section
- [ ] Yes ➔ Please answer below question

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the list ➔ (please tick any that apply):
- [ ] Hearing / deaf
- [ ] Physical
- [ ] Intellectual
- [ ] Learning
- [ ] Mental Illness
- [ ] Acquired brain impairment
- [ ] Vision
- [ ] Medical Condition
- Other ➔ Please Specify: ___________________________

## Previous Education

**What is your highest COMPLETED school level?** (please tick one)
- [ ] Year 12 or equivalent
- [ ] Year 9 or equivalent
- [ ] Year 11 or equivalent
- [ ] Year 10 or equivalent
- [ ] Year 8 or below
- [ ] Never attended school

**In which YEAR did you complete that school level?** ________________

**Are you still attending secondary school?** (please tick one)
- [ ] No
- [ ] Yes

**Have you successfully completed any other qualifications?**
- [ ] No ➔ Go to next section
- [ ] Yes ➔ Please answer below question

If YES, then tick any that apply
- [ ] Certificate I
- [ ] Certificate II
- [ ] Certificate III (or trade Certificate)
- [ ] Certificate IV (or advanced certificate / technician)
- [ ] Diploma (or associate diploma)
- [ ] Advanced diploma or associate degree
- [ ] Bachelor or degree or higher degree
- [ ] Certificates other than the above

**Unique Student Identifier – if you do not have one, visit [www.usi.gov.au/Pages/default.aspx](http://www.usi.gov.au/Pages/default.aspx)**
**Employment**

**Current Occupation:**

<table>
<thead>
<tr>
<th>Which best describes your current employment status? (please tick one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employed</td>
</tr>
<tr>
<td>Part-time employed</td>
</tr>
<tr>
<td>Self employed</td>
</tr>
<tr>
<td>Employer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which best describes your main reason for undertaking this course? (please tick one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get a job</td>
</tr>
<tr>
<td>To get a better job or promotion</td>
</tr>
<tr>
<td>To try for a different career</td>
</tr>
<tr>
<td>To get into another course of study</td>
</tr>
<tr>
<td>Personal interest or self-development</td>
</tr>
</tbody>
</table>

**Course Details**

**Name of the qualification in which you want to enrol:**
(e.g. Cert IV in TESOL)

**Delivery Mode** (please tick chosen delivery mode & complete relevant details)

- [ ] Distance Education *(select duration)*
  - Full-time  (Cert IV = 6 months, Diploma = 10 months)
  - Part-time (Cert IV = 12 months, Diploma = 20 months)
- [ ] Face to Face *(complete details)*

**Location:**

**Start date:**

**Do you wish to apply for Recognition of Prior Learning (RPL)?**

- [ ] No
- [ ] Yes

**Entry Requirements**

In order for you to gain entry into the LTI Certificate IV or Diploma of TESOL Course, you need to have a sound level of ability in written and spoken English. One of the below examples of evidence of English proficiency must be provided prior to enrolment in the course. The LTI Admissions Team will then assess if you meet the course entry requirements based on the evidence provided.

Please tick the evidence of English proficiency that you are attaching to your enrolment form:

- High School report results from year 12 level English
- Senior Certificate showing a sound achievement (or above) in English
- Completion of a tertiary level (Cert III or higher) Qualification (qualification must have been studied / completed in English)
- Enrolment in other courses of study requiring equivalent or above levels of English ability (e.g. University Degree)
- Letter of very good English competency from an employer, for example where workplace documents have been produced
- A result from an endorsed test of English proficiency (IELTS score of 5.5 or equivalent for Cert IV entry or 6.0 for Diploma entry)
- Written documents you have produced in English (e.g. your resume)
Payment Information

Course Fees, and, Payment and Refund Information will vary with delivery format, location, and special offers.

Please select the appropriate payment being made and relevant amounts you will pay after enrolment:

- **FastPay**
  - My upfront deposit is: $
  - I will make a 2nd payment of: $
  - and (if applicable) I will make 3rd payment of: $
  - This means my total course fee is: $

- **EasyPay**
  - My upfront deposit is: $
  - and my weekly payments are: $
  - This means my total course fee is: $

Please select your chosen payment method & complete the relevant details:

- **Credit Card**
  - Card Type: [ ] Master Card  [ ] Visa
  - Card Number: 
  - Expiry Date: 
  - Name on Card: 
  - By signing below, I authorise for funds as specified above to be debited from my account in accordance with the payment and refund policy.
  - Signature: 

- **Direct Debit**
  - Account holder’s full name: 
  - Bank Name: 
  - Branch Location: 
  - BSB: 
  - Account Number: 
  - By signing below, I authorise for funds as specified above to be debited from my account in accordance with the payment and refund policy. I note that insufficient funds in my account may result in a penalty charge being incurred by me.
  - Signature: 

Please contact us if you wish to pay via an alternate payment method.
Course Information & Declaration

Before you enrol it is important that you read the following information (available at [www.lti.edu.au](http://www.lti.edu.au)):

Information about the Certificate IV in TESOL or Diploma of TESOL Course including:

- Entry Requirements
- Course Content
- Assessment
- Practical Placement
- Course Outcomes

Information about your class or distance education (including start dates, close of study dates, session times, location etc.)

- Class Locations
- Distance Education
- Student Handbook
- Enrolment Terms and Conditions
- Payment and Refund Policy

Declaration

I declare that I have read and understood the above information

Signature: _________________________________ Date: _______ / ______ / ______

If you (the student) are under 18 years of age, your parent or guardian must also sign

Parent / Guardian Signature: _________________________________ Date: _______ / ______ / ______