

OFFICE USE ONLY	Course Title:	
	Location:	

PERSONAL DETAILS

Mr
 Mrs
 Miss
 Ms
 Other _____

Given Name: _____ Surname: _____

Date of Birth: ____/____/____ Female Male

ADDRESS OF USUAL PLACE OF RESIDENCE

No. and Street _____

Town/Suburb _____ State _____ Postcode _____

CONTACT DETAILS

Phone (H) (____) _____ Preferred Mobile _____ Preferred

EMERGENCY DETAILS/NEXT OF KIN

Name _____ Phone (H/W) (____) _____

Relationship _____ Mobile _____

PROOF OF ID

Photo ID must be produced on the day of training (e.g Drivers licence/Passport/Student ID Card/Personal ID Card. Licence renewal receipt only not acceptable.)

PRE-TRAINING REVIEW

How are your core skills? These skills are important for effective communication and for thinking critically about new information and ideas.

Rate your skills from 1 (= very poor) to 5 (= excellent).

Learning – setting goals and managing your own learning.	
Reading – understanding written text, word identification and vocabulary.	
Writing – expressing ideas, opinions, factual information or messages in writing.	
Oral communication – using speaking and listening skills in interpersonal and transactional exchanges.	
Numeracy – understanding and applying mathematical ideas and techniques.	



DRIVERS LICENCE DETAILS

I declare that I am the holder of a current Driver's Licence – Signed: _____

Drivers Licence No: _____ Expiry Date: _____ State of Issue: _____

I currently do not have a Drivers Licence

Do you currently have a suspended licence? Yes No

HEALTH DETAILS

Do you have a disability or medical condition that AJL Training staff should be aware of in case of an emergency?

YES No If YES, please provide details : _____

All applicants for heavy truck licence or motorcycle learner/licence course must complete the following health declaration:

a) Have you ever suffered from bad eyesight or hearing which may affect your driving? <i>You do not need clearance for prescription glasses or asthma treated by a puffer.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you ever suffered from dizziness, blackouts, epilepsy, diabetes, ADHD, psychiatric or mental illness OR any other medical condition or other disability which may affect your driving?	<input type="checkbox"/> YES*	<input type="checkbox"/> No
c) Are you taking any drugs or prescribed medication which may affect your driving??	<input type="checkbox"/> YES*	<input type="checkbox"/> No
<i>*If you answered YES to either of these questions, please contact AJL Training as you may be required to supply a clearance from your Doctor and/or Dept of State Growth (Regulatory Authority) before training commences.</i>		

REFUND AND RESCHEDULING POLICY

All courses are strictly pre-paid.

Rescheduling/Cancellations made **more than 7** days before the booked course will incur a **\$50.00** change or cancellation fee.

Rescheduling/Cancellations made **within 7** days of a booked course will incur a **\$100.00** change or cancellation fee.

DRUGS AND ALCHOHOL

AJL Training strive to provide a safe training environment and considers the abuse of drugs or alcohol to be unsafe and dangerous. Any student suspected to have alcohol or illegal drugs in his/her system will be refused training.

By signing below I declare that I am alcohol and drug free.

The Enrolment Form must be completed and signed by the participant prior to undertaking motorcycle training and/or assessment. By signing this form, the participant declares that information on the form and supporting documentation is true, correct and complete. The provider (AJL Training) stipulate to the participant that providing false and/or misleading information or documents is a serious offence under the Section 64 of the Vehicle and Traffic Act 1999 and it can result in a fine or imprisonment.

Student Signature _____ Date ____ / ____ / ____