

**TO ENROL**

Simply fill in the enrolment form and send it together with full payment to:  
 Life Saving Victoria, PO Box 353 South Melbourne DC VIC 3205  
 Ph 03 9676 6901 Fax 03 9681 8211  
 TO ENROL ONLINE, VISIT [www.lifesavingvictoria.com.au/courses](http://www.lifesavingvictoria.com.au/courses)

Payment can be made by cheque, money order or phone LSV  
 and enrol utilising our credit card payment service OR email all details to:  
[courses@lifesavingvictoria.com.au](mailto:courses@lifesavingvictoria.com.au)

**Enrolment Form**

Mr  Ms  Miss  Mrs  (tick one box)

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone [h] \_\_\_\_\_ Telephone [w] \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

Course name \_\_\_\_\_ Course date \_\_\_\_\_

Course venue \_\_\_\_\_

Pre-requisite  (please enclose copies)

Type of oxygen equipment (if applicable) \_\_\_\_\_

**Optional Questions** (This information is used for statistical reporting only)

**Cultural background** Are you of Aboriginal and/or Torres Strait Islander origin?

Yes  No  (tick one box)

Were you born in Australia?

Yes  No  (tick one box)

If NO which country were you born in? \_\_\_\_\_

**Language** Which language do you mainly speak at home?

English  Other  (tick one box)

If other, please specify the language spoken \_\_\_\_\_

**Employment** Of the following categories, which BEST describes your current employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed - unpaid working in family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed - seeking full time work          |
| <input type="checkbox"/> Self employed - not employing others | <input type="checkbox"/> Unemployed - seeking part time work          |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Not employed - not seeking employment        |
| <input type="checkbox"/> Not employed                         |   |

**PLEASE NOTE**  
 Waiver on Page 2 must be signed

**Education**

Are you still at school? Yes  No  (tick one box)

If NO, please indicate Secondary Schooling Level reached

Year level \_\_\_\_\_ Year Completed \_\_\_\_\_

Proficiency in spoken English (Please circle) very well | well | not well | not at all

Prior Tertiary Education (Please Specify) \_\_\_\_\_

**Medical Condition**

**Disability** Do you consider yourself to have a permanent and significant disability?

Yes  No  (tick one box)

If YES, tick any applicable boxes

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Vision                              | <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Intellectual                        | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Learning                            | <input type="checkbox"/> Physical       | <input type="checkbox"/> Unspecified               |
| <input type="checkbox"/> Medical Condition / Chronic Illness |   |  |

**Enrolment Application**

I have read and understood the 'Information for prospective students' and wish to enrol for the following course.

Signed _____	Date _____
<input type="checkbox"/> Pool Lifeguard	\$230.00
<input type="checkbox"/> Pool Lifeguard Reaccreditation	\$100.00
<input type="checkbox"/> Bronze Medallion	\$180.00
<input type="checkbox"/> Assessor Course	\$115.00
<input type="checkbox"/> Defibrillation	\$75.00
<input type="checkbox"/> Defibrillation Reaccreditation	\$60.00
<input type="checkbox"/> Senior First Aid	\$175.00
<input type="checkbox"/> Senior First Aid Reaccreditation	\$110.00
<input type="checkbox"/> CPR	\$64.00
<input type="checkbox"/> CPR Reaccreditation	\$50.00
<input type="checkbox"/> Community Surf Lifesaving Certificate	\$375.00
<input type="checkbox"/> Training Officer Course	\$50.00

**Payment Details**

Enclosed is my cheque/money order for \$ \_\_\_\_\_  
 or please debit my credit card.

Visa  Mastercard

Cardholder's Name \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

PLEASE NOTE WE DO NOT INVOICE INDIVIDUALS. PURCHASE ORDERS MUST  
 BE QUOTED ON AN OFFICIAL PURCHASE ORDER OR COMPANY LETTERHEAD

## INFORMATION FOR PROSPECTIVE STUDENTS

### APPLICATION PROCESSES AND SELECTION CRITERIA

Applications can be made by completing an application form and posting it to us, over the phone by calling Life Saving Victoria or enrol online, visit [www.lifesavingvictoria.com.au](http://www.lifesavingvictoria.com.au)

Apart from age requirements, some courses may contain specific entry standards.

### FEES

Fees payable for recognised vocational education and training which consists of short courses may be placed into Life Saving Victoria (LSV) general funds provided LSV can ensure that adequate funds are available to honour the cancellation/refund policy. Life Saving Victoria has a conditional refunds policy. Refunds will only be considered for medical reasons, or unforeseeable circumstances. Applications for refunds must be lodged with the LSV within two weeks of the conclusion of the scheduled course date. Please forward with your request for refund, the following information:

1. A medical certificate or letter from your employer (if appropriate).
2. A brief letter of explanation including the course session number.

Withdrawals or cancellations lodged following these conditions will be refunded in full. Other cancellations or withdrawals will incur a 20% administration fee if LSV is notified less than 2 weeks prior to course commencement. Notification of less than 48 hours will result in course fees being forfeited. Participants and clients who transfer or reschedule rather than withdraw will not be penalised financially, provided at least 48 hours notice is given.

In the event of a course being cancelled due to insufficient enrolments participants will be offered a transfer to an alternative course or a full refund.

### QUALIFICATIONS TO BE ISSUED

Students completing all assessment requirements for a qualification will be awarded a certificate corresponding to the completed course.

Students completing assessment requirements for part of a qualification will be awarded a Statement of Attainment indicating which modules or units of competency they have completed.

### COMPETENCIES TO BE ACHIEVED DURING TRAINING

Competencies to be achieved during training are detailed in the brochures for each course.

### ASSESSMENT PROCEDURES

In general terms assessment during training will involve:

- Oral responses to questions
- Observation of performance in the workplace or in computer laboratories
- Portfolio of evidence
- Written response to questions, assignments and case studies

Students will be given advance warning of the time and form of any assessment and will not be expected to sit an assessment they have not prepared for.

Students will be given an opportunity for at least one reassessment for any competencies not achieved on the first attempt, \$10 will be charged for subsequent attempts.

### RECOGNITION OF PRIOR LEARNING

Students who believe they already have some of the competencies in the course may apply for Recognition of Prior Learning (RPL) or Cross Credits. Application may only be made after enrolment and payment of fees and must be made using the Application Form that will be provided during orientation.

### CREDIT TRANSFER

Students who have completed units from their course at other institutions will be given recognition on presentation of a verified transcript. Award or Statement of Attainment.

### ACCESS AND EQUITY POLICY

Life Saving Victoria has a Code of Practice that includes an access and equity policy. This document is available on our website [www.lifesavingvictoria.com.au](http://www.lifesavingvictoria.com.au) or upon request. It is the responsibility of all staff to ensure the requirements of the access and equity policy are met by Life Saving Victoria at all times.

### PRIVACY

Life saving Victoria collects personal information solely for the purpose of operating under the Australian Quality Training Framework administered by the Victorian Government who are the registering authority. The requirements of the registering authority may mean the release of your personal information for the purposes of audit.

Under the National Privacy Principles you can access personal information we hold on you and you may request corrections of information that is incorrect or out of date. Please refer to the LSV Code of Practice for further details.

### WAIVER

I meet the pre-requisite requirements of the above listed course and have attached evidence for non-LSV training programs.

I recognise that the components of the aquatic courses involve activities that may be carried out in both deep and shallow water, some of which is quite strenuous and requires a reasonable level of fitness and swimming ability.

I authorise the LSV to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf and I further authorise qualified medical practitioners to administer an anaesthetic if necessary.

I take full responsibility for any injury, illness, loss or damage to my person and/or property that may directly or indirectly result from my participation in the training program. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promotion or staging the training program and the servants, agents, representatives and officers of any of them and shall so operate whether or not the loss, injury or damage is attributed to the act neglect of any or more of them.

I agree to disclose any disability, medical or other issue that may inhibit my ability to undertake the program as outlined/or I know of no reason medical or otherwise that would inhibit me from participating.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Cancellations and transfers made within two weeks of the course commencement date may incur a 20% administration fee, except in the instance where the course is cancelled by Life Saving Victoria.**

NOTE: THIS FORM MAY BE PHOTOCOPIED IF ADDITIONAL COPIES ARE REQUIRED.