

### FORKLIFT TRAINING ENROLMENT FORM

USI NUMBER:

You must have a 10 digit Unique Student Identifier number to complete any accredited training from January 1st 2015.

If you do not have a USI or lost your USI please register/visit [www.usi.gov.au](http://www.usi.gov.au) .

**PLEASE NOTE: If you do not supply us with your USI you will not be able to participate in the course.**

#### PERSONAL DETAILS: \*\*\*\*MUST BE 18 YEARS OF AGE OR OVER TO PARTICIPATE IN THIS COURSE\*\*\*\*

FULL NAME (AS WRITTEN ON ID):			
DATE OF BIRTH:		GENDER:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
MOBILE:			
HOME PHONE:		WORK PHONE:	
EMAIL ADDRESS:			
RESIDENTIAL ADDRESS:			
TOWN:		POSTCODE:	
POSTAL ADDRESS:			
TOWN:		POSTCODE:	
STUDENT EMPLOYER/ WORKPLACE:			
STUDENT WORKPLACE ADDRESS:			
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:	
PREREQUISITE: DO YOU HAVE A BASIC UNDERSTANDING OF THE ENGLISH LANGUAGE: WRITTEN, VERBAL & NON-VERBAL? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DO YOU REQUIRE ANY ASSISTANCE TO COMPLETE TRAINING? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PLEASE SPECIFY/EXPLAIN BELOW: (READING / WRITING / UNDERSTANDING?)			
COURSE DATE I WISH TO BE BOOKED IN FOR:			
HAVE YOU PREVIOUSLY HELD A HIGHRISK LF CLASS FORKLIFT LICENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU HAD ANY EXPERIENCE WITH DRIVING A FORKLIFT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COURSE PAYMENT DETAILS? SELF FUNDED <input type="checkbox"/>		OR 3 <sup>RD</sup> PARTY SEE OPTIONS BELOW:	
IS YOUR COURSE BEING FUNDED BY A THIRD PARTY, IF YES WHO?	WORKPLACE <input type="checkbox"/>	EMPLOYMENT AGENCY <input type="checkbox"/>	OTHER? <input type="checkbox"/>
	NAME:		
<b>PHOTO ID WITH CURRENT ADDRESS IS REQUIRED UPON ENROLMENT</b> ID can be emailed along with enrolment to: <a href="mailto:accustomconsulting@gmail.com">accustomconsulting@gmail.com</a> Or clear photos text to: 0407 488 200			I HAVE INCLUDED MY ID WITH THIS ENROLMENT: <input type="checkbox"/>
PLEASE NOTE ACCUSTOM HAS 72HOUR/3 FULL BUSINESS DAY CANCELLATION/RESCHEDULING POLICY. WHERE A PARTICIPANT FAILS TO ATTEND OR ADVISE THE NEED TO RESCHEDULE WITHOUT NOTIFYING ACCUSTOM AT LEAST 72 HOURS (3 FULL BUSINESS DAYS) PRIOR TO THE SERVICE COMMENCING, THERE MAY BE NO REFUND OF FEES OR ABILITY TO RE-SCHEDULE THE SERVICE. ACCUSTOM ARE UNABLE TO ACCEPT RESPONSIBILITY FOR CHANGES TO INDIVIDUAL PERSONAL CIRCUMSTANCES.			I ACKNOWLEDE I HAVE READ & UNDERSTAND THIS POLICY: <input type="checkbox"/>
STUDENT SIGNATURE:		DATE: / /	
(IF APPLICABLE) 3 <sup>RD</sup> PARTY NAME/SIGNATURE:		DATE: / /	