



# IPL Enrolment Application 2008

## Personal Details

Student ID \_\_\_\_\_

Family Name			
Given Names			
Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Are you permanent Australian resident?	Yes	No	
Are you an overseas student?	Yes	No	
Describe your level of english:	Beginner	Intermediate	Advanced
<b>Address</b>			
Post Code			
Telephone		Mobile	
Email			
Occupation			
What courses and qualifications have you successfully completed?			
Employment status: full time /part time /self employed /other:			

## Employer Details

<b>Employer Details</b>			
Company Name			
Contact Person			
Company Address			
Post Code			
Business Phone		Mobile	
Business Fax			
Business Email			

## Course details

- Course in IPL for Hair Reduction  
 Course in IPL for Skin Rejuvenation  
 Laser Safety Course  
 Pre-requisite Units

## Days of attendance

Preferred course commencement date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Alternative date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Do you require Recognition of Prior Learning? Yes / No

## How did you find us?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Industry Journal |
| <input type="checkbox"/> Mail out     | <input type="checkbox"/> Fuss Website     |
| <input type="checkbox"/> Student      | <input type="checkbox"/> Other _____      |

