





VicRoads Licensed Vehicle Tester – UB0112AU

VET (TAFE) Enrolment Form

If sending by mail, please mark 'Attention LVT Program' POST PO Box 663 Ballarat VIC 3353 Australia

EMAIL lvt@federation.edu.au | WEB federation.edu.au CALL (03) 5327 8071 or 1800 FED UNI | ABN 51 818 692 256

Federation Student ID No. (if known)							
Personal Details			Note:				
First name			Please write the EXACT name that				
Other name/s			you used when you applied for your Unique Student Identifier (USI)				
Family name			including any middle names.				
Title	Mr Mrs Ohr Other (please specify):						
Date of birth	D D / M M / Y Y Y Gender	All questions must be answered					
Country of birth	Australia Other (please specify):	for the enrolment to be processed. Please print in block letters using a					
Are you Aboriginal or	blue or black pen.						
No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander							
Citizenship/ Residency Status	Australian Citizen New Zealand Citizen Permanent Humanitarian Visa Overseas Resident Temporary Entry Permit						
Driver Licence No.							
Address Details		K	Please provide the physical address				
Address			of where you usually live – street number and name not post office box.				
			Do not provide any temporary address				
Suburb/Town	State/Territory Post code		at which you reside for training, work or other purposes before returning to				
Mailing address (if dif	ferent from above)		your home. If you are from a rural area use the address from your state or				
Address		1	territory's 'rural property addressing' or				
			'numbering' system as your residential street address.				
Suburb/Town	State/Territory Post code						
Phone (preferred)			You MUST provide at least one phone				
Phone (other)			number You MUST provide the email address				
Email			you check most regularly.				
Business Details							
Business contact nam	Is the business paying?	C	Yes No				
Contact phone	Business phone						
Name of business							
Address of business							
Suburb/Town	State/Territory	Po	st code				
Business email							
VicRoads LVT Licence no. of Business or include VicRoads Letter: (Mandatory)							
Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website.							

Original Issue:

Review Date:

Current Version: 12/12/2024

31/01/2024

01/01/2025

Manager, Student Administration

Authorised by:

Page 1 of 2

Document Owner: University Registrar

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Select your	course plus Pretest (Mandatory):		Fee	Short course terms		
	Admin Program	online and class	\$559.40	and conditions		
Pretest &	•	4 days	\$2,372.10	Payment		
		3 days	\$1,710.00	Full course fees are payable at the time of		
Motorcycle LVT Program (includes administration) LPG session		1 day	\$610.40	enrolment. If the tax invoice and receipt is to be addressed to abusiness/third party,		
Other		r day	\$	please indicate in payment section below.		
J		Total \$		Cancellations Cancellations notified less than 48 hours prior to the course commencement date		
Location and	d choice of date/s: as per information sheet (dates	will NOT be refunded.				
Bayswater Ballarat Payment det	ails	 General FedUni reserves the right to cancel or reschedule any course that does not have sufficient enrolment numbers orin the event of unforeseen circumstances. A refund or an alternate date and time 				
	Mastercard Order (Payable to Federation University Australia and attached to	will be offered. • Please attach a scan of your Drivers licence, VicRoads letter if applicable plus your Certificate III in Light Vehicle				
Card number:	sed to: (Payment will be receipted in this name) Stud		cvc ber	Mechanical Technology or similar if working in industry less than 7 years. NOTE – all units other than pretest include an in-class assessment onsite		
Expiry Date:	DD/MM/YYYY Amount AUD\$:			Office Use Only Department approval name		
Cardholders Signature:		Doparanoni approvar namo				
Contact phone:				Department approval signature		
I accept the above terms and conditions and authorise Federation University to release my results to VicRoads and to my LVT Licence Holder						
Signature	Date D	D / M M /	YYYY	Date D D / M M / Y Y Y		
Federation U	Iniversity					
Name Position						
Signature	Date D	D / M M /	YYYY			

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Page 2 of 2

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