



ART OF DISPENSING

Student Registration Form

Individual or Organisation-Sponsored Enrolment

Student Details

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female Other Prefer not to say

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Email Address: _____

Aadhaar No: _____

(For Indian Residence Only)

Organisation Details (if enrolling through a workplace or sponsor)

Organisation Name: _____

Contact Person: _____

Position/Role: _____

Organisation Email: _____

Phone Number: _____

Billing Contact (if different): _____

By completing this section, the organisation confirms that the enrolled learner will have:

- Access to at least 100 hours of work in a retail optical dispensary
- Access to dispensing equipment relevant to their role and training
- The support of workplace supervisors to guide and verify workplace-based learning and assessment tasks

I confirm the above conditions will be met and support the learner's participation in this training.

Authorised Representative Signature:





Date: ____ / ____ / ____

Additional Information

Current Role or Job Title (if applicable):

Do you have prior experience in optical dispensing or retail optics?

Yes No

Do you require any learning support or reasonable adjustments?

Yes No If yes, please specify:

Learner Declaration

By submitting this form, I confirm that:

- I have access to a computer or tablet with a reliable internet connection.
- I have access to at least 100 hours of work in a retail optical dispensary.
- I am comfortable using basic digital tools, including email, video recording, and file uploads
- I understand that my progress and assessment outcomes may be shared with the organisation through which I enrolled (if applicable)

I agree to ArtofDispensing.com's privacy policy and terms of participation.

I confirm the above statements and consent to enrolment.

I declare that the information provided is accurate to the best of my knowledge.

Learner Signature: _____

Date: ____ / ____ / ____

Please complete the form above and email it to info@artofdispensing.com for processing.