



COURSE ENROLMENT FORM

Name of Course:

Surname: Christian Names:

Address:

Postcode:

Phone: (daytime) After Hours:

Email:

Emergency Contact: Phone:

We are required by our funding body to include the following information in our statistical returns to the Federal Government.

Information is treated as strictly confidential at all times.

You may be surveyed at a later date to help the government determine your level of satisfaction with the service you received.

No personal information from data collection is used for any other purpose except as required by law.

Victorian Student Number:

I do not know my Victorian Student Number but I have attended a Victorian school, TAFE or other Training Provider.

Are you new to the Victorian Education System? I have never attended a Victorian school, TAFE or other Training Provider.

Date Of Birth:/...../..... Gender: Male Female Are you of Aboriginal or Torres Strait Islander Origin: YES NO

Employment Category (please tick one)

- 01 Full Time Paid Employee 02 Part Time Paid Employee 03 Self Employed Not employing Others
 04 Employer 05 Employed Unpaid Family Worker 06 Unemployed Seeking Full Time Work
 07 Unemployed Seeking Part Time Work 08 Not Employed Not Seeking Paid Work

Country of Birth: Language Spoken at Home:

If you speak a language other than English at home, how well do you speak English?

- Very Well Well Not Well Not at All



What Is your Highest Completed School Level:

- Year 7 Year 8 Year 9 Year 10
 Year 11 Year 12 Special School Did not attend School

Which Year did you complete that level of school? _____ Are You still Attending School? YES NO

Have you completed any Further Education? (please tick)

- Bachelor Degree or Post Graduate Qual. Advanced Diploma or Assoc Degree Diploma
 Certificate 4 Certificate 1 Certificate 3 or Trade Certificate
 Certificate 2 Miscellaneous

What is your reason for enrolling in this course? (please Tick)

- to get a job to develop my existing business to start my own business
 to try for a different career to get a better job or promotion it was a requirement of my job
 I wanted extra skills for my job to get into another course of study for personal interest
 for self development

Do you consider yourself to have a disability, impairment or long term condition? YES NO

If YES, please tick which area/s of disability, impairment or long term condition:

- Hearing/ Deaf Physical Intellectual Mental Illness
 Acquired Brain Impairment Vision Medical Condition Other

Is there anything we can do to support your participation in this class? (eg notes in Large Print etc).....

May we pass this information on to the tutor, to be used in an emergency YES NO Are You an Australian Citizen? YES NO

*If NO Are you a Permanent Resident of Australia? YES NO Do you have a Temporary Protection Visa? YES NO

If You have answered No to all of the above questions you are not eligible for a Government Funded place.

Do you hold any of the following Concession cards? Commonwealth Health Care Card, Pensioner Concession or Veterans gold card

Card Number _____ Expiry Date: / /

Signature: _____ Date: / /

PLEASE ENSURE ALL DETAILS ARE COMPLETED

Office Use Only

Concession Card Sighted: _____ Date / /

Citizenship/Residency Confirmed: _____ Date / /

Class Type ACFE Recreational