



13.3.4.2 Enrolment Form

Term: _____ Year: _____

Personal Details	Title: Ms / Mr / Miss / Mrs..... Client ID:..... (office use only) First Name: Surname:..... Gender: Female / Male (please circle) Date of Birth:..... Country of birth:.....
Address Details	Address: Suburb: Post code:.....
Contact Details	Phone – Home: Work: Mobile: Fax: Email:
Miscellaneous Info	Benefit No: Indigenous status: Koorie / Torres Strait Island origin? Yes / No Citizenship status: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Main language spoken at home: English only Other (please specify) Spoken English level: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all Employment status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Employer <input type="checkbox"/> Family worker <input type="checkbox"/> Seeking employment <input type="checkbox"/> Not seeking employment / Retired
Disabilities	Do you the member have any disability, impairment or long term condition that affects your enrolment : Yes / No If YES Do you require reasonable adjustments to assist your full participation in your course Yes / No Disabilities: <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> Interview booked with Centre Manager <input type="checkbox"/> Interviewed by Centre Manager
Prior Education Details	Still at school: Yes / No Highest school level completed: <input type="checkbox"/> Did not go <input type="checkbox"/> Yr 8 or below <input type="checkbox"/> Yr 9 or equivalent <input type="checkbox"/> Yr 10 or equivalent <input type="checkbox"/> Yr 11 or equivalent <input type="checkbox"/> Yr 12 or equivalent In which Year did you complete that level?: Does the member have any prior education: Yes / No Prior Education <input type="checkbox"/> Bachelor Degree or Higher Degree level <input type="checkbox"/> Advanced Diploma or Associate Degree Level <input type="checkbox"/> Diploma Level <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous Education
Victorian Student Number	Do you have a Victorian Student Number (VSN)? These have only been issued from Term 3, 2009 to students under 25 years? Yes / No What is your VSN No:..... unknown / new student
Emergency Contact Details	Name: Relationship: Phone Number:
Doctors Details	Doctors Name: Doctors Phone Number:

Concessions apply to **some** classes if you currently hold any of the following (please tick):
 Centrelink Health Care Centrelink Pension / Concession Pension Type: (3 LTRS bottom of card)
 Veteran's Gold Card No:.....
(To receive a concession on your class, your card needs to be sighted by Office staff) Card sighted

Class 1	Name of Class:..... Day: Term:..... Cost:..... \$
Class 2	Name of Class:..... Day: Term:..... Cost:..... \$
Date/...../..... Signature:

Please turn over to complete further information.

