

## ESNLC Student Enrolment Form 2019

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> First Name (In Full)	Last Name	
Phone:	Mobile/Other Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (dd/mm/yyyy) / /	
Address:		Post Code:
Email Address:		Can we communicate with you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Eligibility for ACFE funded courses** (this includes some of our Computer and EAL courses)  
 To be eligible for a Government funded place, you must meet one of the following residency criteria:

Australian Citizen  Permanent Visa holder  Temporary Protection Visa  Visa Sub Class 444  
 East Timorese Asylum Seeker  None of the Above - Full fee applies

**Concession Card:**  Health Care Card  Pensioner Concession Card  Veterans Gold Card  
 Copy of card provided Expiry Date: \_\_\_\_\_ Card No. \_\_\_\_\_

**Emergency Contact Information:** Name:.....  
 Relationship: Phone:

**\$1 Membership – Would you like to become a member?**  Yes  No

Benefits include:

- 20% Internet Café discount (not including printing)
- Free tea and coffee in community dining and lounge area
- Access to Members only events and learn about volunteer opportunities
- Receive invitations to Elwood St Kilda Neighbourhood Learning Centre events and exciting centre program updates

Signature ..... Date .....

**Payment Methods**

- **Cash:** In person at the Elwood St Kilda Neighbourhood Learning Centre - Monday to Friday 9.30am – 4.30pm.
- **EFTPos over the phone or in person:** Our phone number is (03) 9531 1954 As per above location and hours.
- **Money Order:** Made payable to Elwood St Kilda Neighbourhood Learning Centre Inc. In person as per above hours  
 Or Post to PO. Box 57 Elwood VIC 3184.
- **Direct deposit (banking):** Our account details: Bank: **Bendigo** BSB: **633000** Account number: 147810758  
 Account name: **Elwood Neighbourhood Learning Centre Inc.** Please include your **surname** in the **transaction reference.**  
**Please retain a receipt of your direct deposit and attach to provide proof of payment.**

**Office Use Only**

Course Name 1:	Term:	Cost:
Copy of Concession Card attached <input type="checkbox"/>	Receptionist Initials.....	Comments:
Amount paid \$.....	Date paid.....	Receipt #.....
Balance paid \$.....	Date .....	Receipt #.....
Course Name 2:	Term:	Cost:
Copy of Concession Card attached <input type="checkbox"/>	Receptionist Initials.....	Comments:
Amount paid \$.....	Date paid.....	Receipt #.....
Balance paid \$.....	Date .....	Receipt #.....

**PLEASE TURN OVER**

Are you Indigenous or Torres Strait Islander?  Yes  No

Do you have a **permanent disability** that may affect your participation in class? Yes  No

**Disability Type:**  Hearing  Physical  Intellectual  Learning  Acquired Brain Impairment  
 Mental Illness  Medical Condition  Other: (specify)

If **YES** what support do you require in class?

**Education Completed in Australia:**  Certificate III  Advanced Diploma or Associate degree  
 Certificate I  Certificate IV  Bachelor Degree or Higher degree level  
 Certificate II  Diploma Level  Miscellaneous Education (other than above)

<b>High School Level Completed:</b> <input type="checkbox"/> Did not go to school <input type="checkbox"/> Yr 8 or lower <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 10 Year completed school 19 __ __	<b>Current Employment Status:</b> <input type="checkbox"/> Full time employee <input type="checkbox"/> Employed – Unpaid family worker <input type="checkbox"/> Part time employee <input type="checkbox"/> Unemployed – Seeking full time work <input type="checkbox"/> Self-employed – (Not employing others) <input type="checkbox"/> Unemployed – Seeking part time work <input type="checkbox"/> Employer <input type="checkbox"/> Not employed – (Not seeking employment)
---	---

If **CURRENTLY EMPLOYED OR RECENTLY UNEMPLOYED** please complete below:

**Which of the following classifications BEST describes the Industry of your current/previous Employer? (Tick ONE box only)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing          | <input type="checkbox"/> Accommodation and Feed Services                 | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Transport, Postal and Warehousing               | <input type="checkbox"/> Public Administration and Safety    |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Information Media and telecommunications        | <input type="checkbox"/> Education and Training              |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Financial and Insurance Services                | <input type="checkbox"/> Health Care and Social Assistance   |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Rental, Hiring and real Estate                  | <input type="checkbox"/> Arts and recreation Services        |
| <input type="checkbox"/> Wholesale Trade                            | <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Other Services                      |
| <input type="checkbox"/> Retail Trade                               |  |  |

**Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Managers                      | <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Machinery Operators and Drivers |
| <input type="checkbox"/> Professionals                 | <input type="checkbox"/> Clerical and Administrative Workers    | <input type="checkbox"/> Labourers                       |
| <input type="checkbox"/> Technicians and Trade Workers | <input type="checkbox"/> Sales Workers                          | <input type="checkbox"/> Other                           |

**For each course in which you enrol, circle the category that best describes your main reason for doing the course.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To get job                      | <input type="checkbox"/> To get a better job or promotion    | <input type="checkbox"/> Other reasons                             |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job      | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To start my own business        | <input type="checkbox"/> I wanted extra skills for my job    |  |
| <input type="checkbox"/> To try for a different career   | <input type="checkbox"/> To get into another course of study |  |

**Country of Birth:** \_\_\_\_\_ **Language Spoken at home:** \_\_\_\_\_

**How well do you speak English?**  Very well  Well  Not well  Not at all

**How did you hear about the Centre?** (Please tick box)  Flyer in letter box  Local Paper  Friend  
 Passing By  Library  School/Club  Internet  Other (specify) .....

**Privacy Statement:**

I understand that:

ESNLC is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines. Skills Victoria may use the information for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

**Cancellation and Refund Policy:**

You must advise the Centre in writing if you want to formally withdraw from your class and be eligible for a refund. For a full copy of the Refund Policy visit our website.

- A full refund is made if a course is cancelled by Elwood St Kilda Neighbourhood Learning Centre.
- Refunds for Government funded places will be in line with government requirements.
- For other courses you are able to apply for a Credit Note/Transfer provided five working days' notice is given. A \$10 Administration fee will apply.

I acknowledge and agree to the terms described in this privacy statement and Cancellation and Refund Policy:

Student Signature: ..... Date.....