

ABN 22 616 363 473 Reg No A0005228Y ESNLC S	<u>tudent Enroli</u>	ment Form 202	0 www.esnlc.com.au
Mr □ Mrs □ Ms □ First Name (In Full)	Last Name		
Phone:	Mobile/Other P	hone:	
Gender:   Male  Female	Date of Birth: (	/ /	
Address:			Post Code:
Email Address:		Can we communi □ Yes □ N	cate with you via email? o
<b>Eligibility for ACFE funded courses</b> (this includ To be eligible for a Government funded place,			g residency criteria:
□ Australian Citizen □ Permanent Visa hold	ler 🛛 Tempora	ry Protection Visa	□ Visa Sub Class 444
East Timorese Asylum Seeker     D No	one of the Above	e - Full fee applies	3
Concession Card:  □ Health Care Card			□ Veterans Gold Card
Copy of card provided Expiry Date:	Ca	rd No	
Emergency Contact Information: Name:			
Relations	hip:	F	Phone:
<ul> <li>\$1 Membership – Would you like to become Benefits include:         <ul> <li>20% Internet Café discount (not including printin</li> <li>Free tea and coffee in community dining and lo</li> <li>Access to Members only events and learn abou</li> <li>Receive invitations to Elwood St Kilda Neighbor</li> </ul> </li> <li>Signature</li> </ul>	ng) unge area ut volunteer opportu urhood Learning Ce	inities entre events and exciti	<b>No</b>
Payment Methods			
<ul> <li>Cash: In person at the Elwood St Kilda Neighbourh</li> <li>EFTPos over the phone or in person: Our phone</li> <li>Money Order: Made payable to Elwood St Kilda Neighbourh</li> <li>Or Post to PO. Box 5<sup>-</sup></li> </ul>	number is (03) 953 eighbourhood Learr 7 Elwood VIC 3184	1 1954 As per above ning Centre Inc. In per	location and hours. son as per above hours
<ul> <li>Direct deposit (banking): Our account details: Ba Account name: Elwood Neighbourhood Learning Ca Please retain a receipt of your direct deposit and att</li> </ul>	entre Inc. Please ir	nclude your surname	ccount number: 147810758 in the <b>transaction reference</b>
Office Use Only			
Course Name 1: Term: Copy of Concession Card attached CReceptionist Initials Amount paid \$ Date paid Rec Balance paid \$ Rec	ceipt #		
Course Name 2: Term: Copy of Concession Card attached CReceptionist Initials Amount paid \$ Date paid Rec Balance paid \$ Rec	ceipt #		
			PLEASE TURN OVER

Are you Indigenous or Torres Strait Islander?								
Do you have a <b>permanent disability</b> that may affect your participation in class? Yes D No D								
<b>Disability Type:</b> Hearing  Physical  Intellectual  Learning  Acquired Brain Impairment Mental Illness  Medical Condition  Other: ( <i>specify</i> ) If <b>YES</b> what support do you require in class?								
Education Completed in Australia:	□ Certificate III □ Certificate IV □ Diploma Level		Bachelor	d Diploma or Ass Degree or Highe eous Education (				
High School Level Completed: Current Employment Status:								
□ Did not go to school □ Yr 8 or lower □ Yr 11 □ Yr 9 □ Yr 12 □ Yr 10 Year completed school 19	<ul> <li>Full time employee</li> <li>Part time employee</li> <li>Self-employed –</li> <li>(<i>Not employing others</i>)</li> <li>Employer</li> <li>Employer</li> <li>Description</li> <li>Employed –</li> <li>Not employed – (<i>Not seeking employment</i>)</li> </ul>				e work ne work			
If CURRENTLY EMPLOYED OR <u>RECENTLY</u> UNEMPLOYED please complete below:								
<ul> <li>Which of the following classification</li> <li>Agriculture, Forestry and Fishing</li> <li>Mining</li> <li>Manufacturing</li> <li>Electricity, Gas, Water and Waste</li> <li>Services</li> <li>Construction</li> <li>Wholesale Trade</li> <li>Retail Trade</li> </ul>	<ul> <li>BEST describes the In</li> <li>Accommodation and</li> <li>Transport, Postal and</li> <li>Information Media ar telecommunications</li> <li>Financial and Insurai</li> <li>Rental, Hiring and re</li> <li>Professional, Scienti Services</li> </ul>	Feed Services d Warehousing nd nce Services eal Estate		Administrative and S Public Administratio Education and Trair Health Care and So Arts and recreation Other Services	Support Services n and Safety ning cial Assistance			
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)								
Professionals	<ul><li>Community and Personal</li><li>Clerical and Administrative</li><li>Sales Workers</li></ul>			] Machinery Operat ] Labourers ] Other	tors and Drivers			
For each course in which you enrol, circle the category that best describes your main reason for doing the course.         □ To get job         □ To develop my existing business         □ To start my own business         □ To try for a different career         □ To get into another course of study         □ T								
Country of Birth:		Language S	Spoken at h	ome:				
How well do you speak English?		Well DN	ot well	□ Not at all				
How did you hear about the Centr Internet	e? (Please tick box) cify)		•		□ School/Club □			
<ul> <li>Privacy Statement: <ul> <li><u>I understand that:</u></li> </ul> </li> <li>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.</li> <li>Cancellation and Refund Policy:</li> <li>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.</li> <li>A full refund is made if a course is cancelled by Elwood St Kilda Neighbourhood Learning Centre.</li> <li>Refunds for Government funded places will be in line with government requirements.</li> <li>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.</li> <li>I acknowledge and agree to the terms described in this privacy statement and Cancellation and Refund Policy:</li> </ul>								