

WINCHELSEA COMMUNITY HOUSE

ENROLMENT FORM

The following information is confidential and is required by organisations receiving Government funds.

Course Name: _____

Date: _____

PERSONAL DETAILS

(Please use full legal name – DO NOT abbreviate given names)

Title: Mr Mrs Ms Miss

Last Name: _____ First Name: _____

Gender: Male Female

Date of Birth: / /

Street Address: _____

Suburb: _____ Post Code: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

EMPLOYMENT STATUS

Of the following categories, which best describes your current employment status (please tick one box only):

- Full-time employee
- Part-time employee
- Self-employed – not employing others
- Employer
- Employed - unpaid, working in family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

BACKGROUND

Were you born in Australia? Yes
 No → please state your country of birth: _____

Do you **speak** a language other than English at home? Yes → please state which language: _____
 No

Do you **speak** English: Very Well Well Not Well Not at all

Do you **write** English: Very Well Well Not Well Not at all

Are you of : Aboriginal origin TSI origin Aboriginal & TSI origin None of the preceding

SCHOOLING / EDUCATION

Are you still attending a secondary school? No Yes

What is your highest completed school level?

Year 12 Year 11 Year 10 Year 9 Year 8 or below Did not attend school

In what year did you complete this level? _____

Have you successfully completed any of the following qualifications? (please tick on applicable boxes):

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate IV (or advanced Certificate/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than the above |

STUDY REASON

Which of the following categories BEST describes your main reason for undertaking this course? (please tick only **ONE** box):

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

MEDICAL CONDITIONS

Do you consider yourself to have a disability, an impairment or long term condition? No Yes

If yes, please indicate:

- | | | | | |
|---|--|--|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Hearing /Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other | |

FEE CONCESSION

Are you applying for a Concession on Enrolment Fee? No Yes

If YES, please tick the applicable concession type

- | | |
|--|---|
| <input type="checkbox"/> Family Allowance Supplement | <input type="checkbox"/> Parenting Payment Single |
|--|---|

FEE CONCESSION (cont)

Mature Age Allowance

Newstart Allowance

Youth Allowance

Carers Pension

Partner Allowance

Widow Allowance

Wife Pension

Sickness Allowance

Low Income

Special Benefit

Age Pension

Disability Support Pension

Single Parent Pension

Other

PAYMENT TYPE

Cash

Cheque - Please make cheques out to Winchelsea Community House Inc.

Direct Debit into Winchelsea Community House Inc. bank account:

Bendigo Bank

Payment Details:

BSB Number: 633 108

Account Number: 122493943

Please put your name in the reference provided on the deposit slip, if you do not do this your payment will be deemed not paid.

STUDENT DECLARATION

- I hereby agree to pay all fees and charges applicable to my enrolment and to abide by the policies and procedures
- I declare that the information supplied on this enrolment form is correct and complete.

SIGNATURE: _____ DATE: _____