**client/student details**

**Please enter your full name:**

**Surname:** (Legal Family Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Given Names:** (Legal Given Names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mr Mrs Miss Ms Other**: \_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** Male 🞏 Female 🞏

**Phone**: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postcode:** \_\_\_\_\_\_\_\_

**Postal address:** *(if different from above):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In which country were you born?**

🞏 Australia 🞏 Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak a language other than English at home?**

*(If more than one language please indicate the one that is spoken most often).*

🞏 No, English only 🞏 Yes, other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How well do you speak English?**

🞏 Very well 🞏 Well 🞏 Not well 🞏 Not at all

**Are you of Aboriginal or Torres Strait Islander origin? (***Please tick one of the following)*

🞏 No 🞏 Yes - Torres Strait Island

🞏 Yes – Aboriginal 🞏 Yes – Aboriginal and Torres Strait Island

**disability**

**Disability:**

**Do you consider yourself to have a disability, impairment or long-term condition?**

🞏 Yes 🞏 No

If yes, please indicate the areas of disability, impairment or long-term condition *(You may include more than one area)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Hearing / Deaf |  | Learning |  | Vision |
|  | Physical |  | Mental illness |  | Medical condition |
|  | Intellectual |  | Acquired brain impairment |  | Other |

**schooling**

**What is your highest COMPLETED school level?** *(Tick one box only)*

🞏 Completed Year 12 🞏 Completed Year 11 🞏 Completed Year 10

**🞏** Completed Year 9 or Equivalent **🞏** Completed Year 8 or lower **🞏** Never attended school

**In which YEAR did you complete that school level? \_\_\_\_\_\_\_\_\_**

**Are you still attending secondary school?**  Y 🞏 N 🞏

**PREVIOUS QUALIFICATION ACHIEVED**

**Have you SUCCESSFULLY completed any of the following qualifications?** Yes 🞏 No 🞏

If yes, what qualification types have you received? (Please tick all applicable boxes)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bachelor Degree or Higher Degree Level |  | Certificate III (or Trade certificate) |
|  | Advanced Diploma or Associate Degree |  | Certificate II |
|  | Diploma (or Associate Diploma) |  | Certificate I |
|  | Certificate IV (or Advanced Certificate / Technician ) |  | Certificates other than the above |

**EMPLOYMENT**

**Employment:**

Of the following categories, which BEST describes your current employment status?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Time Employee |  | Employed - unpaid worker in family business |
|  | Part Time Employee |  | Unemployed -seeking full time work |
|  | Self Employed -, not employing others |  | Unemployed -seeking part time work |
|  | Employer |  | Not employed - not seeking employment |

**STUDY REASON**

Of the following categories, which BEST describes your main reason for undertaking this course?   
*(Tick one box only)*

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

**Concession**

Do you hold a government concession card?  
🞏 Yes 🞏 No

If yes please indicate the relevant concession card:

🞏 VCE Scholarship  
🞏 Health Care Card  
🞏 Job Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veterans   
🞏 Gold Card  
🞏 Other

**Credit Card Details**

Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry \_\_\_\_\_\_\_\_\_\_\_\_\_ 3 digit verification code \_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VICTORIAN STUDENT NUMBER**

**To be completed by all students aged up to 24 years:** Students must report their VSN on all enrolments.   
You should obtain your VSN from your current education or training organisation and report this VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

|  |  |
| --- | --- |
| Enter your Victorian Student Number(VSN) |  |
| Have you attended any Victorian school since 2009 or done any training with a vocational education and training organisation or an Adult and Community Education provider in Victoria since 2011? | 🞏 No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.  *(No more questions if you have answered no above).* |
|  | 🞏 Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.  List the most recent training organisations which you have participated in training in Victoria since 2011.(List up to 3 training organisations).  \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Emergency Contact:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVACY STATEMENT & DECLARATION**

**I understand that:**   
Haddon & District Community House 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 (which are available at www.skills.vic.gov.au/corporate/statistics/submit\_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and 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.   
***The* Education and Training Reform Act 2006 *requires Haddon & District Community House to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.***For more information in relation to how student information may be used or disclosed please contact Haddon & District Community House on phone 03 5342 7050 or email manager@haddoncommunityhouse.org.au   
  
🞏 I acknowledge and agree to the terms described in this privacy statement.  
  
Student signature: …………………………………………………………. Date: ………………………………………..

**MARKETING**

🞏 I am happy to receive emails regarding courses and activities from Haddon & District Community House.

**PHOTO CONSENT RELEASE**

Haddon & District Community House regularly reproduces photographs of people for teaching purposes, in its publications, promotional and marketing material and on its web site in order to promote the Centre to the public.

Haddon & District Community House may choose to use and reproduce one or more photographs of you for this purpose and is seeking your consent.

I hereby agree to Haddon & District Community House using, reproducing and disclosing photographs of me for use in teaching materials, promotional and marketing materials, publications and/or its website.

**Please read the following enrolment details and important notes carefully before signing below.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find out about Haddon and District Community House?**

🞏 Friend 🞏 School newsletter 🞏 I’ve been here before

🞏 Brochure (how did you receive this?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Delivered flyer 🞏 Newspaper article / advertisement

🞏Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class Title:** | **Day: Date: Time:** | **Enrolment Date:** | **Vettrak Client No.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Fee:**  **Paid. 🞏 Yes 🞏 No** | **Student Contact Hours:** | **SCH Fee:** | **Receipt No:** |
| **Deposit:** | **Term 1. Term 2.** | **Amenities:** |  |
| **Balance:** | **Term 3. Term 4.** |  |  |

**instructions**

**Step 1:** Complete the enrolment form filling in all sections and signing.

**Step 2:** Bring in or mail your completed enrolment form with full payment. Payments can be made by cash,

Cheque, Eftpos or by special arrangement with the Manager.

**IMPORTANT NOTES**

1. Enrolments must be accompanied by full payment (in special circumstances, a percentage deposit may be arranged with the Manager)
2. Classes with insufficient enrolments may be cancelled. In this instance all fees paid will be fully refunded.
3. Please notify us as soon as possible if you wish to withdraw from a class. Our classes are dependent upon sufficient numbers. A small administration fee may be charged.
4. If you are interested in a future class feel free to add your name on a waiting list.