

FOSTER & DISTRICT COMMUNITY HOUSE & LEARNING CENTRES INC.

ACFE FUNDED ENROLMENT FORM - 2012

Privacy Statement

The information sought on this enrolment form is required to be collected by us for the following reasons;

1. To assist us with your enrolment and to be able to contact you if required in the event of a cancelled class or any other alteration to our program delivery
2. Certain statistical information is required by the funding body (Adult Community & Further Education) to assist with future planning and funding for Adult Education needs in Victoria.

Your information will be held secure by our organisation and only used for its intended purpose.

COURSE NAME:			
Personal Details			
Name			
Date of Birth	/ /	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Postal Address (Street or PO Box)		Town & Postcode	
Daytime Phone		After Hours Phone	
Are you a Concession Card Holder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type of Card:	Concession Number:

Language and Cultural Diversity	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please specify)
Do you speak a language other than English at home?	<input type="checkbox"/> English Only <input type="checkbox"/> Other (Please specify)
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander

Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES, then please indicate the areas of disability, impairment or long-term condition: (You may indicate MORE than one area)	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other

Schooling	
What is your highest COMPLETED school level? (Tick ONE box only)	<input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 or Equivalent <input type="checkbox"/> Completed Year 8 or Lower <input type="checkbox"/> Did not go to school
In which YEAR did you complete that school level?	
Are you still attending school?	<input type="checkbox"/> No <input type="checkbox"/> Yes

PLEASE TURN THE PAGE

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Previous Qualifications Achieved	
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES: (Tick ANY 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

Employment	
Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid family worker <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment

Study Reason	
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other reasons

Program Enrolments (List other courses enrolled in during 2012)		
No:	Program Name	Variation Form Attached (Office Use)
1		
2		
3		
4		
5.		

SIGNED (by the student) **Date** / / 2012

R/No:
Amount:
Date: