

Leongatha Community House Enrolment Form 2010

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 class cancellation or any other alterations to our program delivery.
2. To assist us with grant acquittals.

NAME OF CLASS: _____

Mr/Mrs/Ms/Miss. Surname: _____ First Name: _____

Address: _____ Town: _____ Post Code: _____

Phone: H: _____ W: _____ Mob: _____

Email: _____ Date of Birth: ____/____/____ Male Female

Country of Birth: _____ Aboriginal Y / N Torres Strait Islander Y / N

Language spoken at home: _____ Other languages spoken: _____

If English is your second language do you speak it : Very well Well Not well

Employment category (please tick only one)

- | | | | |
|---------------|--------------------------|-------------------------------------|--------------------------|
| Full Time | <input type="checkbox"/> | Employed – Unpaid Family Worker | <input type="checkbox"/> |
| Part Time | <input type="checkbox"/> | Unemployed - seeking Full time Work | <input type="checkbox"/> |
| Employer | <input type="checkbox"/> | Unemployed - seeking Part time Work | <input type="checkbox"/> |
| Self Employed | <input type="checkbox"/> | Not Employed – not seeking Work | <input type="checkbox"/> |

Highest completed school level: Yr 12 Yr 11 Yr 10 Yr 9 or equivalent Yr 8 or below

In which year do you complete this level: _____ (e.g. 1973)

Are you still attending school: Y / N

Since leaving school have you completed any further education? (Please tick)

- | | | | |
|----------------------------------|--------------------------|------------------------------|--------------------------|
| Bachelor Degree or Higher Degree | <input type="checkbox"/> | Advanced Degree | <input type="checkbox"/> |
| Diploma (or Ass Diploma) | <input type="checkbox"/> | Certificate IV | <input type="checkbox"/> |
| Certificate III or Trade Cert | <input type="checkbox"/> | Certificate II | <input type="checkbox"/> |
| Certificate I | <input type="checkbox"/> | Certificate other than above | <input type="checkbox"/> |

Reason for enrolling (please tick only one)

- | | | | |
|----------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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 a different career | <input type="checkbox"/> |
| To get a better job/promotion | <input type="checkbox"/> | It was a requirement for 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"/> |
| For personal interest | <input type="checkbox"/> | For self development | <input type="checkbox"/> |

Do you have a disability, impairment or long term condition? Y / N

If Yes, please tick which best describes your disability:

- | | | | |
|---------------------------|--------------------------|----------------|--------------------------|
| 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 | <input type="checkbox"/> |

Please turn over, complete and sign

Do you have a concession card: Y / N Card number: _____ Expiry Date: ___/___/___

If yes: Pensioner Concession Card Commonwealth Health Care Card Veterans Gold Card

Please tick the applicable concession type:

- | | | | |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Family Allowance Supplement | <input type="checkbox"/> | Parent Payment single | <input type="checkbox"/> |
| Mature Age Allowance | <input type="checkbox"/> | Newstart Allowance | <input type="checkbox"/> |
| Youth Allowance | <input type="checkbox"/> | Carers Pension | <input type="checkbox"/> |
| Partner Allowance | <input type="checkbox"/> | Widows Allowance | <input type="checkbox"/> |
| Wife Pension | <input type="checkbox"/> | Sickness Allowance | <input type="checkbox"/> |
| Low Income | <input type="checkbox"/> | Special Benefit | <input type="checkbox"/> |
| Age Pension | <input type="checkbox"/> | Disability Support Pension | <input type="checkbox"/> |

Other (please specify) _____

How did you find out about the Community House or class? Please tick.

- | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|
| Program received in mail | <input type="checkbox"/> | Family member/Friend | <input type="checkbox"/> |
| Local paper | <input type="checkbox"/> | Web page | <input type="checkbox"/> |

Other (please state) _____

Please sign and date to ensure your enrolment is valid.

Signed: _____ Dated ___/___/___

Office Use Only

Student ID _____

Enrolment entered () Date _____

Paid: DD Cash Cheque Cheque No. _____

Invoice No: _____ Total cost: _____ Amount paid: _____

Balance owing: _____ Receipt No.: _____ Date paid: _____

Notes:

Classes attended this year	