

# Leongatha Community House Enrolment Form 2011

## 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. Certain statistical information is required by the funding body (Adult Community & Further Education) to assist with future planning and funding for the Adult education needs in Victoria.

Your information will be held secure by our organisation and only used for its intended purposes. You may, in the future, be contacted by our funding provider to verify that you have enrolled in this class.

**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 \_\_/\_\_/\_\_

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**Office Use Only** Student ID \_\_\_\_\_

Enrolment entered ( ) Date \_\_\_\_\_

Paid: Cash Cheque Cheque No. \_\_\_\_\_

Invoice No: \_\_\_\_\_ Total cost: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Balance owing: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Date paid: \_\_\_\_\_

Notes:

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Classes attended this year	