

MILPARA COMMUNITY HOUSE ENROLMENT FORM 2010

21 SHELLCOTT'S ROAD (PO Box 136) KORUMBURRA 3950.

Telephone: 5655 2524 Fax: 5658 1375

Privacy Statement

To assist us with your enrolment and to be able to contact you if required please provide the following information which is also required by our funding bodies for statistical purposes.

Personal Details			
Name			
Postal Address			
Daytime Phone		After Hours Phone	
Date of Birth			<input type="checkbox"/> Female <input type="checkbox"/> Male
Are you on a Benefit or Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Card Number and expiry date	

1. Course Name: _____

2. How did you hear about this course? _____

3. Would you like to be notified of any future courses? _____

4. Childcare required? Y/N Childcare Enrolment Form Completed? Y/N

Course Cost: \$ _____

OR Concession \$ _____

Amenities Fee \$ _____

Childcare Fee: \$ _____ Date Paid: _____

Total Paid: \$ _____ Receipt No: _____

Your enrolment may be used in a national Student Outcomes Survey. If you do not wish to be part of the survey, tick this box.

Signed Enrolment Date

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

Please turn page

Language and Cultural Diversity	
Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Visa type:	
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

Schooling	
Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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

Previous Qualifications Achieved	
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES, then 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
In which YEAR did you complete that school level?	

Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
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Disability & Literacy	
Do you have a disability, impairment or long term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES, then please indicate, (You may indicate more than one area.)	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Other <input type="checkbox"/> Literacy

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