



MILPARA COMMUNITY HOUSE ENROLMENT FORM 2012

21 SHELLCOTT'S ROAD (PO Box 136) KORUMBURRA 3950.
 Telephone: 5655 2524 Fax: 5658 1375 Email: milpara@dcsi.net.au

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.

Student Details:		Title:	Miss/Mrs/Ms/Mr	Gender: Male/Female
First Name:	Last Name:	Date of Birth:		
Address Details:				
Suburb:	Postcode:	State:		
Email:				
Daytime Phone No.	A.H. Phone.	Mobile No.		
Are you on a Benefit or Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Card Number and expiry date		
If you are aged 24 or below at time of enrolment please provide your Victorian Student Number.		_____		
Are you new to the Victorian Education system or do not have your Victorian Student Number? Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider. <input type="checkbox"/> (tick here)				

1. **Course Name:** _____
2. **How did you hear about this course?** _____
3. **Would you like to be notified of any future courses?** _____

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
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

Please turn page

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
In which YEAR did you complete that school level? <input type="text"/>	

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

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
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Course Cost: \$ _____ **OR Concession** \$ _____

Amenities Fee \$ _____

Total \$ _____

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:**

Date Paid: _____	Receipt No. _____
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Privacy Statement - ACFE funded student

I understand that:
(name of student)

Milpara Community House is required to provide the Victorian Government, through Skills Victoria or the ACFE Board, 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.au/corporate/statistics/submit data).

Skills Victoria and the ACFE Board may use the information provided to it for planning, administration, policy development, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria and the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.

For more information in relation to how student information may be used or disclosed please contact Milpara Community House on 56552524 or email milpara@dcsi.net.au.

I acknowledge and agree to the terms described in this privacy statement:

Please tick box.

Student signature

Date