

Enrolment Form- Funded Courses

572 Park Road, PARK ORCHARDS 3114 **Postal address:** P.O. Box 68, PARK ORCHARDS 3114
Phone: 9876 4381 Fax: 9876 3263



Guidelines:

1. Enrol by mail, in person or by fax. Faxed and enrolments by phone will only be accepted using MasterCard or Visa. All courses must be paid for on enrolment.
2. Childcare is available for most daytime courses for \$6.00 per hour. This must be paid in full prior to course commencement.
3. It is our policy that no children are allowed in adult classes.

Surname: (Mr, Mrs, Miss/Ms) _____ First Name: _____
 Address: _____ Suburb: _____ P/code: _____
 Phone: (H) _____ (W) _____ (M) _____ Email: _____
 Sex: Male Female DOB / / .Emergency contact: _____ Ph: _____

Course Code	Course Name	Fee	Rec No
Total		\$	

Do you require childcare for the above course? **Yes/No**

METHOD OF PAYMENT (\$1.50 processing charge will be added to each transaction)
 MasterCard Visa Cash Cheque (Please make cheques payable to POLCI)

Cardholder Name _____ Expiry date ____/____/____ Credit Card No. ____/____/____/____
 Cardholders Signature _____ Authorised Amount \$ _____

1. Are you of Aboriginal or Torres Strait Islander origin? Yes No 2. Country of birth _____

3. What is your highest completed school level? (Please tick a box)

Year 8 or lower	Year 9	Year 10	Year 11	Year 12	Still at school
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4. Which of the following describes your current status? (please circle a box)

Full time	01	Part-time	02	Self employed	03	Employer	04
Unpaid family worker	05	Seeking full-time	06	Seeking part-time	07	Not seeking work	08

5. Which language do you speak at home? _____

How well do you speak English? Very well Well Not Well Not at all

6. Do you consider yourself to have a disability? Yes No If Yes, please specify (tick one)

Hearing		Physical		Intellectual		Mental Illness	
Acquired Brain Impairment		Vision		Medical condition		Other.....	

7. Have you completed any TAFE or university courses? Yes No If Yes, what were the courses? (Tick a box)

	Year		Year		Year
Bachelor Degree or higher		Diploma or Associate Diploma		Certificate 111 (or Trade cert.)	
Certificate 1		Advanced Diploma or Assoc Deg.		Cert. 1V (or adv. Cert/Technician)	
Certificate 11		Certificates other than above			

8. Circle (one only) your reason for doing this course?

To get a job	01	Develop my existing business	02	Start my own business	03
Try a different career	04	Get a better job or promotion	05	Requirement of my job	06
Extra skills for my job	07	Get into another course or study	08	Personal Interest	09
Self development	10	Other reasons	11		

9.

10. Do you have a **Victorian Student Number (VSN)**? Yes/No If yes please specify _____

If yes but the VSN is unknown. (please tick)

11. Do you hold a concession card and are enrolling in a funded (F) course? **Yes /No** If yes please attach a copy of your card.

12. Where did you hear of us? _____ If it was our brochure where did you obtain it? _____

13. Please indicate if you agree or disagree to having your photo taken during class time. The photos may be used for promotion in our printed material, website or on noticeboards throughout the Centre.

Agree/Disagree

14. All information provided above is true and correct.

XXSigned _____ Date _____

Privacy Statement : Please turn page over read and sign

Privacy Statement

I understand that:

Park Orchards Learning Centre Inc is required to provide the Victorian Government, through Skills Victoria, 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.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires Park Orchards Learning Centre Inc. to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For students eligible for VET Fee Help, the following privacy statement also applies:

Park Orchards Learning Centre Inc. is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. [Insert name of training provider] will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes. DEEWR will store the information securely in the Higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. [Park Orchards Learning Centre Inc.] and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact Park Orchards Learning Centre's Education and Training Co-ordinator on phone no.9876 43841 or email pochi@parkorchards.org.au

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

Student signature:Date:...../...../2

In case of an emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation etc. I understand that I am responsible for all medical bills and expenses.

Student Signature.....Date:...../...../2