



ENROLMENT FORM

COURSE TITLE: _____ Term: _____

Day: _____ Time: _____

FEES:		\$
Concession type	Sighted	
	Discount	\$
	Total Payment	\$

STUDENT DETAILS

Surname _____ First Name _____

Parent/Guardian (if under 18) _____

Address _____

Suburb _____ Postcode _____

Phone: Home _____ Business _____

Mobile _____ Email: _____

Date of Birth: ____/____/____ Female Male

ADULTS please complete questions overleaf (not required for children). This information is required by our funding bodies.

Please sign here

Signed _____ Date: _____

ADULTS (Students re-enrolling need only complete Q.11)
The following questions are requested by ACFE for their statistics.
Answer only those you are happy to answer.

1. What is your highest completed school level? (tick one box)

- Year 12
- Year 11
- Year 10
- Year 9
- Year 8 or lower
- Did not go to school

2. In which year did you complete that school level? 19____

3. Have you completed any qualifications? Yes No

If Yes, tick any applicable boxes.

- Bachelor Degree or higher
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma
- Certificate IV or Advanced Cert/Technician
- Certificate III or Trade Certificate
- Certificate II
- Certificate I Other Certificates

4. Of the following categories, which **BEST** describes your current employment status?

- Full time employee
- Part-time employee
- Self employed - not employing others
- Employer
- Employed - unpaid family worker
- Unemployed -seeking full-time work
- Unemployed -seeking part-time work
- Not employed - not seeking work

5. Do you speak a language other than English

No, only English

Yes other - please specify _____

How well do you speak English?

Very Well Well Not Well Not at all

6. Were you born in Australia? Yes No

If No, which country were you born in? _____

7. What is the Postcode for your home? _____

8. Are you of Aboriginal or Torres Strait Island origin?

- No
Yes, Aboriginal
Yes, Torres Strait Islander

9. Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, tick any applicable boxes.

- Hearing/Deaf
 Physical
 Intellectual
 Mental Illness
 Acquired Brain Impairment
 Vision
 Medical Condition
 Other

10. Are you still at school? Yes No

11. What is your **MAIN** reason for doing this course?

1. To get a job
 2. To develop my existing business
 3. To start my own business
 4. To try for a different career
 5. To get a better job or promotion
 6. It was a requirement of the job
 7. I wanted extra skills for my job
 8. To get into another course of study
 9. For personal interest
 10. For self development
 11. Other reasons

Please complete payment details overleaf

YOUR RIGHT TO PRIVACY AT HCC

We at HCC adhere to The Information Privacy Act 2000 which seeks to ensure the responsible collection and handling of personal information. We collect only that information which is essential for administrative procedures and to comply with the statistical data reporting required by our funding bodies. It is your right to update this information at any time. Information reported as statistical data has all names and addresses deleted.

ENROLMENT AND REFUND POLICY - See back page of brochure.

HELP AND ADVICE

If you have any special needs or any concerns prior to, or during a course, please feel welcome to discuss these issues with the co-ordinator.

Office Use Only Payment Received Receipt No Client ID

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PAYMENT DETAILS

Cash Cheque Bankcard Visa Mastercard Invoice

Card Number

Student's Name _____

Class _____

Name of Cardholder _____

Expiry Date ____/____ Amount \$ _____

Cardholders Signature _____

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