



ENROLMENT FORM from July 2009

DISABILITY
Do you consider yourself to have a disability, impairment or long-term condition? (circle) **YES NO**

If yes, please mark the area of disability, impairment or long-term condition from the following list

Hearing/deaf
Physical
Intellectual
Mental Illness
Acquired brain impairment
Vision
Medical Condition

Do you require any assistance with your learning as a result of a disability? (circle) **YES NO**

If yes, what assistance?

ALLERGIES
Do you have any allergies?
YES NO
If yes, to what?

What Medication do you take?

Under 18? Parental Signature and date required :

POLICIES
GELC complies with State and Federal Government policies, legislations and acts relating to :

- Occupational Health & Safety
- Anti Discrimination Legislation
- Equal Opportunities Act
- Disability Discrimination Act
- National Privacy Act
- Anti- Smoking

Student handbook has more detailed

My SIGNATURE below indicates that I:

Have provided the student data required for reporting

- Have paid or made arrangements to pay the required fee
- Give permission for GELC to keep samples of my assessment evidence for audit and validation purposes
- Give permission for GELC to use my name and any photograph of me taken by GELC for the purpose of publicity /advertising/promotion (delete if you do not agree)

If under 18 years of age - I give permission for my child to go on local walking excursions as part of their study (delete if you do not agree)

SIGNATURE: _____ **DATE:** / /

Please Note: As of January 2008, you must be over the age of 16 to study in an Adult Community Education Facility unless you have specific permission signed by the Regional Director of Education

Office Use Only Receipt No: _____ Funding Code: _____
 Course information pack provided Student added to roll Training Plan
 Student file prepared Tutor informed Special Assistance required?
 Staff signature and date: _____

Name of Course:	Module/s: see training plan
Code:	

My Signature at the end of this form indicates that I have enrolled in the above program, whose module/unit details are in the training plan.

Where applicable, please complete all details. **Please use BLOCK LETTERS**

SURNAME	
GIVEN NAMES	
TITLE (CIRCLE) MR MRS MS MISS	GENDER (CIRCLE) MALE FEMALE
DATE OF BIRTH	WHAT IS THE POSTCODE OF THE TOWN WHERE YOU USUALLY LIVE?
HOME PHONE	WORK PHONE
MOBILE	FAX
EMAIL	
YOUR HOME ADDRESS	
TOWN	POSTCODE
POSTAL ADDRESS (if different)	
EMERGENCY CONTACT	
Name:	Relationship:
Contact number:	
IN WHICH COUNTRY WERE YOU BORN? (circle)	
AUSTRALIA	OTHER (Please specify)

Do you speak a language other than English at home? (circle) NO YES OTHER LANGUAGE (please specify)				
How well do you speak English? Tick one box	VERY WELL	WELL	NOT WELL	NOT AT ALL

Are you of Aboriginal or Torres Strait Islander origin? Please tick one box		
NO	YES, Aboriginal	YES, Torres Strait Islander

SCHOOLING What is your highest COMPLETED schooling level and which year was that?		
Highest level completed	✓	Year
Completed Year 12		
Completed Year 11		
Completed Year 10		
Completed Year 9 or equiv		
Completed Year 8 or lower		
Did not go to school		
Are you still at secondary school? Yes / No		

LABOUR FORCE STATUS Please tick <u>one</u> box to BEST DESCRIBE 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 employment.

PRIOR EDUCATIONAL ACHIEVEMENTS Have you successfully completed any of the following qualifications? If yes, please Tick
Bachelor Degree or Higher Degree
Advanced Diploma or Associate Degree
Diploma (or Associate Diploma)
Certificate IV (or Advanced Certificate/ Technician)
Certificate III (or Trade Certificate)
Certificate II
Certificate I
Certificates other than the above

Are you (tick one box):	
<input type="checkbox"/>	an Australian citizen?
<input type="checkbox"/>	a holder of a permanent visa?
<input type="checkbox"/>	a holder of a Special Category Visa (sub-class 444)?,
<input type="checkbox"/>	an East Timorese asylum seeker?
<input type="checkbox"/>	a holder of a Temporary Protection Visa?
<input type="checkbox"/>	None of the above

CENTRELINK PENSION OR BENEFITS (if any) Please tick to indicate pension or benefit you receive. If you want to claim the concession cost, proof of concession must be provided
Age, Carer's, Disability, Wife, Partner/ Widow pension
Family allowance or parenting payment (F)
Low income or special benefit (S)
Newstart, mature age or youth allowance
None (Z)
Sickness allowance (O)
Veteran's Gold Card
Dependant spouse or dependant child (over the age of 16) of the Health Care Card or the Pensioner Concession Card
Other (O)

STUDY REASON Which of the following categories BEST describes your MAIN reason for undertaking this program? Tick one box only please
To get a job
To develop my existing business
To start my own business
To try a different career
To get a better job or promotion
It was a requirement of my job
I wanted extra skills for my job
To get into another course
For personal interest
For self development
To get a qualification
Other reasons

Fee Payment Options To receive a Government Funded Training Place, you must be able to prove that you are eligible. If you cannot provide a concession card and are eligible to receive Government funding, please sign the following declaration: I declare that I am an Australian citizen, or a holder of a permanent visa, or a holder of a Special Category Visa (sub-class 444), or an East Timorese asylum seeker, or a holder of a Temporary Protection Visa Print Name: _____ Signature: _____ Date: _____ A false declaration may result in you having to pay back any Government funds that GELC receives for your training. Payment arrangements (tick one): Full payment of fee on enrolment OR 10% deposit and balance paid on day of course commencement OR Agreed to Scheduled regular payments OR Fortnightly payment 'direct debit' from Centrelink benefits
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Did you enrol in this course after reading about it in the current brochure? (circle) YES NO If not How?
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YOUR PERSONAL PRIVACY Goldfields Employment and Learning Centre respects your right to information privacy. All information collected is kept in accordance with the information privacy laws. Contact us to find out more.
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