Student ID	
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Last Name		First Name (In Full)			
Phone:		Mobile/Other Phone:			
Gender: Male / Female		Date of Birth: (dd/mm/yyyy)			
Post Code:	Address:				
Email Address:		Can we communicate with you via email? Yes ☐ No ☐			
Emergency Contact Information:					
Eligibility for ACFE funded co To be eligible for a Government	urses funded place, you ment Visa holder □ None of the Abov	ase ask at reception if this applies to your course. nust meet one of the following residency criteria. Temporary Protection Visa Visa Sub Class 444 ve- Full fee applies ioner Concession Card Veterans Gold Card			
Are you Indigenous or Torres S		ioner Concession Card □ Veterans Gold Card □ Yes No (please circle)			
Language Spoken at home:	irait isiarider:	Country of Birth:			
	\/om/oll □				
How well do you speak English?	Very well □,	Well □, Not well □, Not at all □.			
Do you have a permanent disab If YES what support do you requ		your participation in class? Yes □ No □			
Disability Type		cal □, Intellectual □, Learning □, Acquired Brain Impairment □, al Condition □, Other: (specify)			
Education Completed in Australia: □ Certificate I □ Certificate II	☐ Certificate III ☐ Certificate IV ☐ Diploma Level	☐ Advanced Diploma or Associate degree☐ Bachelor Degree or Higher degree level☐ Miscellaneous Education (other than above)			
High School Level Completed:	Current Employm	nent Status: (please circle)			
☐ Did not go to school ☐ Yr 8 or lower ☐ Yr 9 ☐ Yr 10 ☐ Yr 11 ☐ Yr 12 Year completed school: 19	1 Full time empl 2 Part time empl 3 Self-employed (Not employin 4 Employer	oloyee 6 Unemployed – Seeking full time work d – 7 Unemployed – Seeking part time work			
_		bry that best describes your main reason for doing the course.			
To get job To develop my existing business To start my own business To try for a different career	6. lt 7. l	To get a better job or promotion t was a requirement of my j ob wanted extra skills for my job To get into another course of study 11. Other reasons 12. For personal interest or self-development			
USI Number:					
□1 – Managers □2 – Professionals □	ns BEST describes you 1 4 – Community and Pers 1 5 – Clerical and Administ 1 6 – Sales Workers				

Which of the following classifications	s BEST describes the Indust						
☐ A - Agriculture, Forestry and Fishing	☐ H - Accommodation and Fee		 Administrative and Support 				
☐ B - Mining	Services		□ O - Public Administration and Safety□ P -Education and Training				
C - Manufacturing	☐ I - Transport, Postal and Wa	•					
☐ D - Electricity, Gas, Water and	☐ J - Information Media and ☐ Q - Health Care and Social Assistance						
Waste Services	telecommunications						
☐ E - Construction	☐ K - Financial and Insurance Services ☐ S - Other Services						
F- Wholesale Trade	☐ L -Rental, Hiring and real Estate ☐ M -						
☐ G - Retail Trade	Professional, Scientific and Tec Services	chnical					
Privacy Statement: I understand that: MNC 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 for planning, administration, policy development, program evaluation, communication, 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. I acknowledge and agree to the terms described in this privacy statement: Student Signature: Date. Date. How did you hear about the Centre? (Please tick box) Flyer in letter box □, Local Paper □, Friend □, Passing By □, Library □, School/Club □, Internet □, Other (specify)							
Have you done a short course before			prefer to do a short co				
Did you pay Under \$70□ \$70-120 [J \$120-170 LL \$170+LL	School Hours	Evenings □ W	eekends 🗆			
Payment Methods if Needed							
 Cash: In person at the Centre b 	etween Monday to Friday 9	.00am – 4.00pm.					
 Direct deposit via internet: 							
Our account details: Bank: Commonwealth Bank							
Account name: Myrtleford Neighbourhood Centre BSB: 063546 Account number:10119293 Please retain a receipt of your direct deposit and attach to provide proof of payment.							
1							
Office Use Only Class Title:	S	tart Date:	Start Time:	Cost:			
Copy of Concession Card attached Receptionist Initials							
Amount paid \$Date paidReceipt #							
Balance Paid \$ Date Receipt #							
Comments:							

Cancellation and Refund Policy:

You must advise the Centre in writing if you want to formally withdraw from your class and be eligible for a refund. Please ask reception for a full copy of the Refund Policy.

- A full refund is made if a course is cancelled by Myrtleford Neighbourhood Centre.
- Refunds for Government funded places will be in line with government requirements.