



ABN 42 616 549 198

Enrolment Form 2021**Course:**

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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 <input type="checkbox"/> No <input type="checkbox"/> | |
| Emergency Contact Information: Name: Relationship: Phone: | | | |
| At MNC some courses are Government funded. Please ask at reception if this applies to your course. | | | |
| Eligibility for ACFE funded courses | | | |
| To be eligible for a Government funded place, you must meet one of the following residency criteria. | | | |
| Australian Citizen <input type="checkbox"/> Permanent Visa holder <input type="checkbox"/> Temporary Protection Visa <input type="checkbox"/> Visa Sub Class 444 <input type="checkbox"/> East Timorese Asylum Seeker <input type="checkbox"/> None of the Above- Full fee applies <input type="checkbox"/> | | | |
| Concession Card: Health Care Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Veterans Gold Card <input type="checkbox"/> | | | |
| Are you Indigenous or Torres Strait Islander? Yes No (please circle) | | | |
| Language Spoken at home: | | Country of Birth: | |
| How well do you speak English? Very well <input type="checkbox"/> , Well <input type="checkbox"/> , Not well <input type="checkbox"/> , Not at all <input type="checkbox"/> . | | | |
| Do you have a permanent disability that may affect your participation in class? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If YES what support do you require in class? | | | |
| Disability Type Hearing <input type="checkbox"/> , Physical <input type="checkbox"/> , Intellectual <input type="checkbox"/> , Learning <input type="checkbox"/> , Acquired Brain Impairment <input type="checkbox"/> , Mental <input type="checkbox"/> , Medical Condition <input type="checkbox"/> , Other: (<i>specify</i>) | | | |
| Education Completed in Australia: <input type="checkbox"/> Certificate III <input type="checkbox"/> Advanced Diploma or Associate degree <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV <input type="checkbox"/> Bachelor Degree or Higher degree level <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma Level <input type="checkbox"/> Miscellaneous Education (other than above) | | | |
| High School Level Completed: | | Current Employment Status: (<i>please circle</i>) | |
| <input type="checkbox"/> Did not go to school <input type="checkbox"/> Yr 8 or lower <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12 Year completed school: 19 _ _ | | 1 Full time employee 2 Part time employee 3 Self-employed – (<i>Not employing others</i>) 4 Employer 5 Employed – Unpaid family worker 6 Unemployed – Seeking full time work 7 Unemployed – Seeking part time work 8 Not employed – (<i>Not seeking employment</i>) | |
| For each course in which you enrol, circle the category that best describes your main reason for doing the course. | | | |
| 1. To get 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 my job 7. I wanted extra skills for my job 8. To get into another course of study 11. Other reasons 12. For personal interest or self-development | | | |
| USI Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| If currently employed | | | |
| Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) | | | |
| <input type="checkbox"/> 1 – Managers <input type="checkbox"/> 4 – Community and Personal Service Workers <input type="checkbox"/> 7 – Machinery Operators and Drivers <input type="checkbox"/> 2 – Professionals <input type="checkbox"/> 5 – Clerical and Administrative Workers <input type="checkbox"/> 8 – Labourers <input type="checkbox"/> 3 – Technicians and Trade Workers <input type="checkbox"/> 6 – Sales Workers <input type="checkbox"/> 9 – Other | | | |

Which of the following classifications BEST describes the Industry of your current/previous Employer? (Tick ONE box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing | <input type="checkbox"/> H - Accommodation and Feed Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> B - Mining | <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> O - Public Administration and Safety |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> J - Information Media and telecommunications | <input type="checkbox"/> P - Education and Training |
| <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services | <input type="checkbox"/> K - Financial and Insurance Services | <input type="checkbox"/> Q - Health Care and Social Assistance |
| <input type="checkbox"/> E - Construction | <input type="checkbox"/> L - Rental, Hiring and real Estate | <input type="checkbox"/> R - Arts and recreation Services |
| <input type="checkbox"/> F - Wholesale Trade | <input type="checkbox"/> M - Professional, Scientific and Technical Services | <input type="checkbox"/> S - Other Services |
| <input type="checkbox"/> G - Retail Trade | | |

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:**.....

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? (circle) Yes / No
 Did you pay Under \$70 \$70-120 \$120-170 \$170+

When would you prefer to do a short course? Daytime
 School Hours Evenings Weekends

Payment Methods if Needed

- **Cash:** In person at the Centre between 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.

| Office Use Only | Class Title: | Start Date: | Start Time: | Cost: |
|-----------------|--------------|-------------|-------------|-------|
|-----------------|--------------|-------------|-------------|-------|

| | |
|---|-------------------------------|
| Copy of Concession Card attached <input type="checkbox"/> | Receptionist Initials..... |
| Amount paid \$..... | Date paid..... Receipt #..... |
| 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.