

### 2020 PROGRAM ENROLMENT FORM

Programs:	1.		Commencement Date: / /
	2.		Commencement Date: / /
	3.		Commencement Date: / /

How did you hear about this course? Local Paper  Library  Friend  Passing By  Internet  Magazine  Living in Glen Eira  Other

### PERSONAL DETAILS

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Legal Given Names Legal Family Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D/M/Y) Gender (tick box): Female  Male  Other

Unique Student Identifier (USI) \*: \_\_\_\_\_  
**NOTE:** Check your name is the same you used when you applied for your USI, including middle names. If you do not have a USI and want GEALC to apply for it on your behalf, write your name exactly as written on your identity document

Do you have Victorian Student Number (tick box): No  I don't know  Yes - it is: \_\_\_\_\_

AMEP Student Reference #: \_\_\_\_\_  
**OFFICE USE ONLY:** All AMEP students have a client reference number which needs to be documented on Enrolment Form

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Usual Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Concession Card No: \*\* \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*\* A dependent spouse or dependent child must provide the Concession Card number of spouse or parent

Concession Type (tick box): Commonwealth Health Care Card (H)  Pensioner Concession Card (P)  Veteran's Gold Card(V)

### EMPLOYMENT DETAILS

1. Which of the following categories BEST describes your current employment status? (tick one box only)

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Self-employed – Not employing others	<input type="checkbox"/> Unemployed – Seeking full time work
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Employed – Unpaid family worker	<input type="checkbox"/> Unemployed – Seeking part time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – Not seeking employment	<input type="checkbox"/> Retired – not seeking employment

2. Occupation type identified. (tick one box only)

<input type="checkbox"/> Technicians & trade workers	<input type="checkbox"/> Machinery operator & drivers	<input type="checkbox"/> Sales worker
<input type="checkbox"/> Community & personal services	<input type="checkbox"/> Manager	<input type="checkbox"/> Labourers
<input type="checkbox"/> Clerical & administrative worker	<input type="checkbox"/> Professionals	<input type="checkbox"/> Other

3. Which industry area are you employed in? (tick one box only)

<input type="checkbox"/> Accommodation & food services	<input type="checkbox"/> Administrative & support services	<input type="checkbox"/> Transport postal & warehouse
<input type="checkbox"/> Electricity, gas, water and waste service	<input type="checkbox"/> Public administration & safety	<input type="checkbox"/> Wholesale trade
<input type="checkbox"/> Rental, hiring & real estate services	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Professional, scientific & technical services	<input type="checkbox"/> Agriculture, forestry & fishing	<input type="checkbox"/> Education & training
<input type="checkbox"/> Information, media & telecommunication	<input type="checkbox"/> Financial & insurance services	<input type="checkbox"/> Mining
<input type="checkbox"/> Construction	<input type="checkbox"/> Retail trade	<input type="checkbox"/> Arts & recreation services
<input type="checkbox"/> Other services		

### EDUCATION AND PREVIOUS QUALIFICATIONS

Are you still attending high school? (tick box): Yes  No  If no, in what YEAR did you **complete** high school?

Highest School Level Completed (tick box): Year 12  Year 11  Year 10  Year 9  Year 8 (or below)  Did not attend school

Country of Birth: \_\_\_\_\_ Have you successfully COMPLETED any further qualifications? (tick box): Yes  No

If YES, tick the Applicable qualification:

Bachelor Degree <input type="checkbox"/>	Associate Degree/Advanced Diploma <input type="checkbox"/>	Diploma Level <input type="checkbox"/>
Certificate IV <input type="checkbox"/>	Certificate III <input type="checkbox"/>	Certificate II <input type="checkbox"/>
Certificate I <input type="checkbox"/>	Other: _____	

What kind of qualification is it? (tick box): Australian qualification  Australian equivalent  Overseas (my home country)

### LANGUAGE / CITIZENSHIP / RESIDENCY

Main language spoken at home (tick box): English  Chinese  Russian  Telugu  Vietnamese  Other: \_\_\_\_\_

How well do you speak English? (tick box): Very Well  Well  Not Well  Not at All

Are you (tick box): an Australian citizen  a citizen of other country **WITH** Australian residency  or **WITHOUT** Australian residency

## DISABILITY / INDIGENOUS STATUS

Do you have a permanent disability or allergy that may affect your participation in class? (tick box): Yes  No

Hearing/Deaf  Physical  Intellectual  Mental Illness  Acquired Brain Impairment

Vision  Learning  Medical Condition  Other (please specify) \_\_\_\_\_

Are you Aboriginal or a Torres Strait Islander? Yes  No

## EMERGENCY CONTACT DETAILS

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## REASON FOR STUDY

Select the category that BEST describes your main reason for doing this course (tick one box only):

To get a job  To develop my existing business  To start my own business  For personal interest / self development

Different career  To get better job or promotion  Requirement of my job  To get skills for community/ voluntary work

Extra skills for my job  To get into another course of study  Other reasons

## MEMBERSHIP

Anyone attending classes or volunteering at the GEALC automatically becomes a member of the Centre. In the event a membership is not approved, the person will be notified in writing. Membership includes access to the Centre facilities, contribution to Centre decision-making, newsletters and notices of meetings and events. The Centre respects the right of individuals to information privacy and any information collected and held is kept in accordance with the *Privacy and Data Protection Act 2014*. In most cases, information about individuals is only released to third parties with consent, or when required by law to do so. Should more information be required, please ask GEALC Staff.

I would like to receive GEALC emails about events/courses  Am happy to have public acknowledgement of my achievements

I give permission for GEALC to use any photos taken of me for promotional purposes. Signed by: \_\_\_\_\_

## CONDITIONS OF ENROLMENT

Full payment of fees must accompany completed enrolment form to confirm a place in course. When a class is filled, students may be placed on a waiting list. Classes start on date shown unless otherwise notified. Refunds are only considered if 7 days notice is given prior to commencement date. An administration fee of 10% will apply to all refunds. No refund will be given once a course has commenced. GEALC reserves the right to cancel or defer classes with low enrolments. Students will be notified of such cancellations prior to the course commencement date and a full refund will be given.

## STUDENT ENROLMENT PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, **Glen Eira Adult Learning Centre Inc (GEALC)** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by GEALC for statistical, administrative, regulatory and research purposes. GEALC may disclose your personal information for these purposes to: *Commonwealth and State or Territory government departments and authorised agencies and NCVER*. Personal information disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- *populating authenticated VET transcripts;*
- *facilitating statistics and research relating to education, including surveys and data linkage;*
- *pre-populating RTO student enrolment forms;*
- *understanding how the VET market operates, for policy, workforce planning and consumer information; and*
- *administering VET, including program administration, regulation, monitoring and evaluation.*

You may receive a student survey which may be administered by an NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)). Ask GEALC's Manager for more information on how student information may be used.

### Student Declaration and Consent

*I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above and the USI Privacy Statement.*

Student Signature: \_\_\_\_\_ Date: //

## OFFICE USE ONLY

<b>Fees</b>	Resident Concession: <input type="checkbox"/>	Resident Non-Conc: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Reduction of Fees: Yes <input type="checkbox"/> No <input type="checkbox"/>		
				<i>Completed Reduction of Fees Form</i>		
<b>Program Name:</b>	<b>Funding Type:</b>		<b>Term</b>	<b>Amount</b>	<b>Date Paid:</b>	<b>Rec No:</b>
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>					
Invoice Required? Y / N	Invoice to:			Date Invoice Paid:		
Student ID:	Childcare Required:			No. of Children:		