|  |  |  |
| --- | --- | --- |
| Client/student details | | |
| Title | |  |
| First Name | |  |
| Surname | |  |
| Date of birth \* | |  |
| Sex | |  |
| Usual place of residence | | |
| Address \* | |  |
|  |
| Suburb/town | |  |
| State | |  |
| Post Code | |  |
| pOSTAL aDDRESS | | |
| Address | |  |
|  | |  |
| Suburb/town | |  |
| State | |  |
| Post Code | |  |
| Contact Details | | |
| Home Phone | |  |
| Work Phone | |  |
| Facsimile | |  |
| Mobile | |  |
| Email | |  |
| Victorian Student Number | | |
| Victorian Student Number (VSN) \* | If you are under 25 years old, you need to provide VSN to be able to get ACFE subsidised fee. | |
| If you have not provided a VSN this because: |  | |

\* Required information

|  |  |
| --- | --- |
| Current Employment Status | |
| Please indicate the best description of your current employment status\* |  |
| Industry of Employment |  |
| Occupation Identifier |  |

|  |  |
| --- | --- |
| Schooling | |
| Are you still at school? \* |  |
| Please indicate your highest completed secondary schooling level: |  |
| What year did you complete your final year of secondary school? (Guess is ok!) \* |  |
| In which country were you born: |  |
| PRIOR EDUCATION (POST SECONDARY) | |
| Have you successfully completed prior education? |  |
| Please indicate any qualifications you have completed: (you may tick more than one box) |  |
| What qualification of your prior education is it? |  |
| Language | |
| What is the language spoken at home? |  |
| How well do you speak English if English is your second language? |  |
| Do you need assistance with literacy, numeracy or language? |  |

|  |  |
| --- | --- |
| Disability | |
| Do you consider yourself to have a disability, impairment or long term condition? |  |
| Please specify |  |
| Do you require special assistance |  |
| Aboriginal torres strait islander status | |
| Are you of Aboriginal or Torres Strait Islander origin? |  |
| Reason for study | |
| Which of the following best describes your reasons for undertaking this course or activity?\* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Concession | | | | | |
| Do you hold a government concession card? | |  | | | |
| If yes please indicate the relevant concession card | |  | | | |
| Sponsor details | | | | | |
| Complete this section if an organisation is paying part or all of your fees  *Sponsor name Contact person*  *Postal address*  *Suburb/Town Post Code*  *I hereby consent to Mount Beauty Neighbourhood Centre Inc. providing my sponsor(s) with result information, and/or copies of certificates and/or statements or attainment.*  *Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_ / \_\_\_ / \_\_\_* | | | | | |
| Credit Card Details | | | | | |
| Name on card  Card Number  Expiry  3 digit verification code  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Privacy statement & Declaration | | | | | |
| I understand that:  Mount Beauty Neighbourhood Centre Inc. 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 provided to it for planning, administration, policy development, program evaluation, 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.  ***The* Education and Training Reform Act 2006 *requires Mount Beauty Neighbourhood Centre Inc. to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.***  For more information in relation to how student information may be used or disclosed please contact Mount Beauty Neighbourhood Centre Inc. on phone 03 5754 1166 or email info@mountbeauty.org.au.    Student signature: …………………………………………………………. Date: …………………………………………….. | | | | | |
| Marketing | | | | | |
| ⌂ I am happy to receive emails regarding courses and activities from Mount Beauty Neighbourhood Centre Inc. | | | | | |
| Photo Consent Release | | | | | |
| Mount Beauty Neighbourhood Centre Inc. regularly reproduces photographs of people for teaching purposes, in its publications, promotional and marketing material and on its web site in order to promote the Centre to the public.  Mount Beauty Neighbourhood Centre Inc. would like to use and reproduce one or more photographs of you for this purpose and is seeking your consent.  ⌂ I hereby agree to Mount Beauty Neighbourhood Centre Inc. using, reproducing and disclosing photographs of me for use in teaching materials, promotional and marketing materials, publications and / or its website. | | | | | |
| Office use | | | | | |
| Course/Unit |  | | Commencement date | |  |
| Course/Unit Code |  | | Completion date | |  |
| Course/Unit |  | | Commencement date | |  |
| Course/Unit Code |  | | Completion date | |  |
| Course/Unit |  | | Commencement date | |  |
| Course/Unit Code |  | | Completion date | |  |
| Qualification | | | | Duration | |
|  | | | | Commencement date  End date | |
|  | | | | Commencement date  End date | |
|  | | | | Commencement date  End date | |
|  | | | | Commencement date  End date | |
|  | | | | Commencement date  End date | |