



34 King Street,
Dandenong Vic 3175

Phone: 9792 5298
Fax: 9793 0152

Short Program Enrolment Form

Program Enrolment for: _____

Site Location: _____

Contact Details *(Please record your name as you would like it to appear on a certificate)*

Title <i>(What do you like to be called?)</i>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
First Name	
Last Name	
DOB <i>(When were you born?)</i>	
Gender: Male / Female	
Home Phone Number	
Mobile Number	
Email	
Emergency Contact Person <i>(Who should we contact in an emergency?)</i>	
Relationship to you <i>(Who are they?)</i>	
Emergency phone number	
Full Address <i>(Where do you live?)</i>	
Are you Aboriginal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>
School / Training Details Are you still at School?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Highest school level completed?	Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 8 <input type="checkbox"/> Did not attend <input type="checkbox"/> <i>(Please tick one box)</i>
What year did you finish high school ? e.g. 2001	
Where did you attend school?	
Country of Birth. <i>(Where were you born?)</i>	
Town/ City of Birth	
What language do you speak at home?	

How well do you speak English?

- Very well
- Well

- Not Well
- Not at all

Do you have any difficulty with the English Language?

Yes No

(If appropriate, please tick relevant box to identify where you have difficulty)

- Reading
- Writing
- Speaking

Employment Status

(Please choose 1 only)

- Full time worker
- Part time worker
- Self-employed, not employing others
- Not employed not seeking employment
- Unpaid worker in family business
- Unemployed seeking part time work
- Unemployed seeking full time work
- Employer

If employed, which industry area are you employed in?

- Agriculture, forestry & fishing (A)
- Mining (B)
- Manufacturing (C)
- Electricity, gas, water and waste service (D)
- Construction (E)
- Wholesale Trade (F)
- Retail Trade (G)
- Accommodation & Food services (H)
- Transport Postal & Warehouse (I)
- Information, Media & Telecommunication (J)
- Financial & Insurance Services (K)
- Rental, hiring & Real estate services (L)
- Professional, scientific & technical services (M)
- Administrative & Support services (N)
- Public administration & safety (O)
- Education & Training (P)
- Health Care & social assistance (Q)
- Art & recreation services (R)
- Other services (S)

Occupation type identified

- Manager (1)
- Professionals (2)
- Technicians & Trade workers (3)
- Community & personal services
- Clerical & Administrative worker (4)
- Sales worker (6)
- Machinery operator & drivers (7)
- Labourers (8)
- Other (9)

Medical Conditions

We like to provide support for people with extra needs. If you do not let us know you need extra help we may not be able to help you or it may cost more.

Do you have a disability? **Yes** **No**

If **Yes** please tick appropriate box below

- | | |
|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |

Other

Have you **successfully** finished any of these Australian qualifications? **Yes** **No**
(Please tick which is your **highest** level of qualification)

- | | |
|--|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Advanced Diploma |
| | <input type="checkbox"/> Associate Degree Bachelor or Higher Degree |

What kind of qualification do you hold?

- Australian qualification (A)
- Australian equivalent (E)
- International (I)

Citizenship

- Australian Citizen
- Permanent Resident Visa Holder

(If **Yes** please supply a colour copy of your green Medicare card)

If **NOT** an Australian citizen or an Australian Permanent Resident (holder of permanent visa)? Do you hold:

- A special category Visa (*sub-class 444 New Zealand citizen*)
- Temporary Protection visa
- East Timorese asylum seeker visa
- Bridging Visa/Asylum seeker
- Community Detention

Why did you choose this course?

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get better business skills |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> I had to do this for my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course or study |
| <input type="checkbox"/> For my own interest or self-development | |

Concession Eligibility

Do you have a concession card?

Yes No

Concession Card No.Concession Expiry Date.....

Type of Concession:

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Aged |
| <input type="checkbox"/> New Start | <input type="checkbox"/> Carers |

RULES FOR GOVERNMENT FUNDING

To receive Australian Government Funding please provide original documentation for us to colour copy and retain (the copy) for audit purposes.

Where did you find out about this course?

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Work |
| <input type="checkbox"/> Job Active Agency | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> DNH Website | <input type="checkbox"/> DNH Program Brochure |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other: _____ | |

PHOTO CONSENT

I DO **I DO NOT** *(Please tick one option)*

allow photographs/videos of me to be taken as part of my classes at **Dandenong Neighbourhood House Inc** to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Dandenong Neighbourhood House will let me know about any planned excursions.

Dandenong Neighbourhood House Inc. will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

I understand that **Dandenong Neighbourhood House Inc.** is required to provide the Victorian Government, through the ACFE Board, 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 (see www.education.vic.gov.au).

The ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact **Dandenong Neighbourhood House Inc.** Staff on 9792 5298 or info@dandenongnh.org.au.

I understand and agree to the terms described in this privacy statement.

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature:Date:

Applicant under 18 years

Parent / Guardian Name:

Parent / Guardian signature:Date:

Programs fill quickly; please return this application form as soon as possible to secure your enrolment.

If a program is cancelled or delayed by DNH, a full refund will be made available by cheque. **Refunds will be made available only where there is a minimum notice period of 5 Business days prior to course start date.** A \$10 administration fee will be deducted from any refund given and is issued by cheque. No Refunds are available after a course has started due to our not for profit status.

Office use only (VetTrack entries)		
Date Details Recorded	DNH VetTrack ID	Entered by: