

Enrolment Form



Enrolment date: _____

1. Name: _____

2. Date of Birth: _____

3. Sex: M F

4. Country of Birth: _____

5. Language/s spoken at home: _____

6. How well do you speak English?

Very Well

Well

Not Well

Not at all

7. Are you of Aboriginal or Torres Strait Islander origin? Yes No Both

8. Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

9. Do you consider yourself to have a disability, impairment or long term condition?

No Yes

If Yes, please indicate the areas of disability, impairment or long term condition:

Hearing/Deaf

Physical

Intellectual

Learning

Mental Illness

Acquired Brain Impairment

Vision

Medical condition

Other

10. Are you still attending secondary school? Yes No

Highest level of schooling completed:

(Please tick ✓)

- Year 12
- Year 11
- Year 10
- Year 9 or equivalent
- Year 8 or lower
- Did not go to school

11. Year your highest level of schooling was completed: _____

12. Have you SUCCESSFULLY completed any of the following qualifications?
(Please tick ✓)

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/ Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than the above

13. Your current type of Employment:
(Please tick ✓ one box only)

- Full Time
- Part time
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full time work
- Unemployed – seeking part time work
- Not employed - not seeking employment

14. Reason for studying course:
(Please tick ✓ one box only)

- I wanted extra skills for my job
- To get a job
- To start my own business
- To develop my existing business
- To try for a different career
- To get a better job or promotion
- It is a requirement of my job
- To get into another course of study
- For personal interest or for self development
- Other, Please list _____

8. **Centrelink Reference Number** (CRN): _____

Privacy Statement

I understand that **Australian Croatian Community Services** 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 (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data).

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 the ACCS Language and Literacy Program Manager on (03) 9791 6000 or education@accs.asn.au

I acknowledge and agree to the terms described in this privacy statement. Yes No

Signed Dated/...../.....

Office use

COURSE NAME:

COURSE MODULE: