

**INSTRUCTIONS:**

**Step 1:** Please complete the following enrolment form filling in all sections and signing on pages 2, 5 and 6.

**Step 2:** Bring in, or mail your completed enrolment form with full payment. Payments can be made by cash (preferred), Direct Deposit, Cheque, Eftpos or by special arrangement with the Manager.

**IMPORTANT NOTES**

1. Enrolments must be accompanied by full payment (in special circumstances, a percentage deposit and payment plan may be arranged with the Manager)
2. Classes with insufficient enrolments may be cancelled by the centre. In this instance all fees paid will be fully refunded.
3. Please notify us as soon as possible if you wish to withdraw from a class. Our classes are dependent upon sufficient numbers. An administration fee may be charged.
4. If you are interested in a future class, feel free to add your name on our waiting list.

**COURSE APPLYING FOR:** \_\_\_\_\_ **Term** \_\_\_\_\_

**PERSONAL DETAILS** *(Please print clearly)*

**Surname:** (Legal Family Name): \_\_\_\_\_

**First Name:** (Legal Given Name): \_\_\_\_\_

**Mr/ Mrs/ Miss/ Ms/ Other:** \_\_\_\_\_ **Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Sex (Tick one box only) Gender:** Male  Female  Indeterminate/Intersex/Unspecified

**Enter your date of birth:** Day/Month/Year: \_\_\_\_\_

**What is the address location and postcode of the suburb, locality or town in which you usually live?**

Please provide the physical address (not post office box or temporary address) where you usually reside. If from a rural area, use the address from your state's or territory's 'rural property addressing' system.

**Building/Property Name** \_\_\_\_\_ **Flat/Unit Number:** \_\_\_\_\_

**Street Number** (e.g. 5 or Lot 12): \_\_\_\_\_ **Street Name:** \_\_\_\_\_

**Suburb, locality or town:** \_\_\_\_\_ **State/Territory:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Postal address (if different from above)?**

**Building/Property Name** \_\_\_\_\_ **Flat/Unit Number:** \_\_\_\_\_

**Street Number or P.O. Box** (e.g. 5 or Lot 12): \_\_\_\_\_

**Street Name:** \_\_\_\_\_

**Suburb, locality or town:** \_\_\_\_\_ **State/Territory:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Haddon Community Learning Centre  
ACFE Pre-Accredited Student Enrolment Form**

**In the case of a medical emergency, do you give permission for the calling of an Ambulance?  
I understand that I will have to pay for all my medical bills and expenses.**

Yes  No

Name ..... Signature .....

**LANGUAGE AND CULTURAL BACKGROUND**

---

**Name of town/city you were you born:** \_\_\_\_\_

**In which country were you born?**  Australia  Other – please specify \_\_\_\_\_

**Do you speak a language other than English at home?**

No, English only  Yes, other – please specify \_\_\_\_\_

(If more than one language please indicate the one that is spoken most often).

**How well do you speak English?**

Very well  Well  Not well  Not at all

**Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes).

No  Yes - Torres Strait Island  Yes – Aboriginal  Yes – Aboriginal and Torres Strait Island

**Are you an Australian citizen?**  Yes  No (If Yes please supply copy of your Medicare card).

**Rules for Government Funding:** *To receive Australian Government funding you must provide original documentation for us to copy and retain that copy for audit purposes.*

**DISABILITY:**

---

**Do you consider yourself to have a disability, impairment or long-term condition?**

Yes  No

If yes, please indicate the areas of disability, impairment or long-term condition (*You may include more than one area*)

<input type="checkbox"/>	Hearing / Deaf	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Medical condition
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>	Other

**SCHOOLING**

---

**What is your highest COMPLETED school level?** (*Tick one box only*).

**Never attended school – Go to Question 14.**

Completed Year 12  Completed Year 11  Completed Year 10  
 Completed Year 9 or Equivalent  Completed Year 8 or lower  Never attended school

**In which YEAR did you complete that school level?** \_\_\_\_\_

**Are you still attending secondary school?** Yes  No

**Haddon Community Learning Centre  
ACFE Pre-Accredited Student Enrolment Form**

**PREVIOUS QUALIFICATION ACHIEVED**

Have you **SUCCESSFULLY** completed any of the following qualifications? Yes  No

If Yes, please enter one of these Prior Education Achievement Recognition Identifiers in any applicable qualification level: **A – Australian, E – Australian equivalent, I – International**. Note: If you have multiple Identifiers for any one qualification, use the following priority order: 1. A – Australian 2. E– Australian equivalent 3. I – International (Please tick all applicable boxes).

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

**EMPLOYMENT**

Of the following categories, which **BEST** describes your current employment status? (Tick one box only).

<input type="checkbox"/>	Full Time Employee	<input type="checkbox"/>	Employed - unpaid worker in family business
<input type="checkbox"/>	Part Time Employee	<input type="checkbox"/>	Unemployed -seeking full time work
<input type="checkbox"/>	Self Employed -, not employing others	<input type="checkbox"/>	Unemployed -seeking part time work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not employed - not seeking employment

Which of the following classifications **BEST** describes your current or recent occupation? (Tick one box only). *If never employed go to Question 20.*

<input type="checkbox"/>	Manager	<input type="checkbox"/>	Sales Workers
<input type="checkbox"/>	Professionals	<input type="checkbox"/>	Machinery Operators and Drivers
<input type="checkbox"/>	Technicians and Trade Workers	<input type="checkbox"/>	Labourers
<input type="checkbox"/>	Community and Personal Service Workers	<input type="checkbox"/>	Other
<input type="checkbox"/>	Clerical And Administrative Workers	<input type="checkbox"/>	

Which of the following classifications **BEST** describes the industry of your current or previous employer? (Tick **ONE** box only) If never employed go to Question 20.

<input type="checkbox"/>	Agriculture, forestry and Fishing	<input type="checkbox"/>	Financial and Insurance Services
<input type="checkbox"/>	Mining	<input type="checkbox"/>	Rental, Hiring and Real Estate Services
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Professional, Scientific and Technical Services
<input type="checkbox"/>	Electricity, Gas, Water and Waste Services	<input type="checkbox"/>	Public Administration and Safety
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Education and Training
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Health Care and Social Assistance
<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Arts and Recreation Services
<input type="checkbox"/>	Accommodation and Feed Services	<input type="checkbox"/>	Other Services
<input type="checkbox"/>	Transport, Postal and Warehousing	<input type="checkbox"/>	
<input type="checkbox"/>	Information Media and Telecommunications	<input type="checkbox"/>	

**Haddon Community Learning Centre  
ACFE Pre-Accredited Student Enrolment Form**

**STUDY REASON**

---

Of the following categories, which **BEST** describes your main reason for undertaking this course/traineeship/apprenticeship? (*Tick one box only*)

<input type="checkbox"/>	To get a job	<input type="checkbox"/>	It was a requirement of my job
<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job
<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	To get into another course of study
<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>	For personal interest or self-development
<input type="checkbox"/>	To get better job or promotion	<input type="checkbox"/>	Other reasons

**CONCESSION**

---

**Do you hold a government concession card?**

- Yes       No

**If yes please indicate the relevant concession card and supply a photocopy of your card.**

- VCE Scholarship  
 Health Care Card  
 Job Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veterans  
 Gold Card  
 Other

**VICTORIAN STUDENT NUMBER**

---

**To be completed by all students aged up to 25 years:**

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 25 years. This should be reported by you.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

<b>Enter your Victorian Student Number(VSN)</b>	<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"/>
Have you attended any Victorian school since 2009 or done any training with a vocational education and training organisation or an Adult and Community Education provider in Victoria since 2011?	<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <i>(No more questions if you have answered no above).</i>
	<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations which you have participated in training in Victoria since 2011.(List up to 3 training organisations).  _____ _____ _____

**Haddon Community Learning Centre  
ACFE Pre-Accredited Student Enrolment Form**

**PHOTO CONSENT RELEASE**

---

Haddon Community Learning Centre(HCLC) 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. Haddon Community Learning Centre may choose to use and reproduce one or more photographs of you for this purpose and is seeking your consent.

I hereby agree/do not agree to HCLC using, reproducing and disclosing photographs of me for use in teaching materials, promotional and marketing materials, publications and/or its website.

**MARKETING**

---

I am happy to receive emails regarding courses and activities from Haddon Community Learning Centre.

I do not want to receive emails/newsletters regarding HCLC courses and activities.

**How did you find out about Haddon and District Community House?**

- Friend                       School newsletter                       I've been here before  
 Brochure (how did you receive this?) \_\_\_\_\_  
 Delivered flyer               Newspaper article / advertisement  
 Other (specify) \_\_\_\_\_

**SIGNATURE AND DECLARATION**

---

**Please read all the enrolment details and important notes carefully before signing below.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT PRIVACY STATEMENT & DECLARATION**

---

I understand that: Haddon Community Learning Centre is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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 the website at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

**The Education and Training Reform Act 2006 requires Haddon Community Learning Centre 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 the manager on 03 5342 7050 or by email at: [manager@haddonlearning.org.au](mailto:manager@haddonlearning.org.au)

- I acknowledge and accept the terms described in this privacy statement  
 I do not accept the terms described in this privacy statement

*[Please use  or  as appropriate for online enrolments].*

**Haddon Community Learning Centre  
ACFE Pre-Accredited Student Enrolment Form**

Name of Student: .....

Student signature: .....

Date: .....

**PAYMENT**

---

You can forward payment with this form or you can pay in person at the Centre during our opening hours. If you are sending payment with this form what method of payment will you be using?

Cash       Credit Card       Cheque       Money Order

Amount Due \$ .....

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date of Credit Card \_\_\_\_ / \_\_\_\_ Card Verification Value (CCV): \_\_\_\_\_

Name on Card ..... Signature .....

Or if you prefer you can pay by Direct Deposit. The banking details for Haddon Community Learning Centre are:

**ACCOUNT NAME: Haddon Learning Centre Inc.**

**BSB: 633-000**

**ACCOUNT NUMBER: 139901490**

(Please identify in the payment box the course or activity you are paying for and send us receipt number).

---

**OFFICE USE ONLY**

<b>ACFE Course Title:</b>	<b>Day:</b>	<b>Date:</b>	<b>Time:</b>	<b>Enrolment Date:</b>	<b>Vettrak Client No:</b>
<b>Fee Paid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Student Contact Hours:</b>		<b>SCH Fee:</b>	<b>Receipt No:</b>	
<b>Deposit:</b>	<b>Term 1.</b>	<b>Term 2.</b>	<b>Amenities:</b>		
<b>Balance:</b>	<b>Term 3.</b>	<b>Term 4.</b>			