



Date: _____ How did you hear about us? _____

First Name: _____ Surname: Mr, Miss, Ms _____

Phone: (H) _____ (W) _____ (Mobile) _____

Fax: _____ Email address: _____

Your Address: _____

Postcode: _____

Date of Birth: _____ Gender (Please Circle) Female Male

Emergency Contact Name: _____ Emergency Contact Phone: _____

Country of Birth: _____ Language Spoken at home: _____

If you were not born in Australia please indicate which of the following apply to you:

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Humanitarian Visa holder	<input type="checkbox"/> Permanent Resident of Australia
<input type="checkbox"/> New Zealand Special Category Visa Holder	<input type="checkbox"/> None of the above (Please consult our staff regarding your enrolment)	

How well do you speak English? (Please circle) Very well Well Not Well Not at all

Are you of Koorie origin? Y N

Are you of Torres Straight Island Origin? Y N

Statistical Data

The following information is a requirement of the statistical data collection guidelines that NCLC is required to adhere to.

School Level Completed: _____ Year: _____

Where? (Country): _____

Prior Education (Please Tick):	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Advanced Diploma or Associate Degree,
	<input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Degree or Postgraduate,
	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	
	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I,
	<input type="checkbox"/> Certificate not listed _____	

Employment Status: (Please Circle)	Employed: Fulltime, Self Employed, Employer Part Time Unpaid family worker
	Unemployed: Seeking fulltime work Seeking parttime work Not seeking work

Do you require special assistance because of a disability? (Please Circle) Yes No.

If yes (Please Circle): Visual, Hearing, Physical, Intellectual, Chronic Illness, Medical Condition, Mental illness, Acquired Brain Impairment, Other _____

Which best describes reason for undertaking course:

To get a job	<input type="checkbox"/>	To develop my existing business	<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"/>	It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
For personal interests	<input type="checkbox"/>	For self development	<input type="checkbox"/>



Course Details			
Name of Course	Course Code	Total Fees	Amount Paid (Fee/Deposit)
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
Annual Registration Fee: \$10.00 *Family of 3 or more \$25.00	This fee must be paid by those enrolling in courses at NCLC when enrolling in their first course per year. Registration fees are from January to December of any one year.		\$
Annual Membership Fee: \$ 2.00 *Family of 3 or more \$ 5.00	This fee must be paid by those involved in any activity at NCLC		\$
*Family – all persons <u>must</u> reside at the same address			Total Fee Paid at time of Enrolment \$
Pension/Health Care Card No. _____		Please note for some classes we do need to sight/copy individual's concession cards to provide concession fees.	
Please tick if you would like a Tax Receipt Posted to you			<input type="checkbox"/>

Method of Payment: (Please Tick): Cash Cheque Visa Mastercard
Eftpos

Credit Card Payment			
Card No	_____	_____	_____
Total Amount	\$ _____	Expiry Date	_____
Name on card	Signed _____		

Payment plans are available, conditions apply. (circle if interested) Yes

Enrolment confirmation	
I verify that all details provided on this enrolment form are accurate at the time of enrolment and that I have truly disclosed my highest educational qualification.	Yes / No
I give my consent to be placed on Narre Community Learning Centre's email/mail listing to receive information about courses, promotional offers and or special events.	Yes / No
Student Signature: _____	Date: ____ / ____ / ____

Accredited Program Information
All students enrolling in Accredited Programs are entitled to consider applying for Recognition of Prior Learning. This is learning in both formal and informal settings that students feel has given them skills to gain credits in their chosen field of study. If you think this applies to you please ask at our office for an RPL Application form. By reading the application form students are not compelled to apply for RPL.

Office Use Only:	Date:
Victorian Student Number	Does the student have a Victorian Student Number?
Yes – please specify _____	Yes – but the VSN is unknown. No – the student has never been issued a VSN.
Full information recorded on Vettrak	Y: <input type="checkbox"/> N: <input type="checkbox"/> Entered by:



Privacy Statement

I understand that:

Narre Community Learning 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 Narre Community Learning 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 students eligible for VET Fee Help, the following privacy statement also applies:

Narre Community Learning Centre Inc. is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Narre Community Learning Centre Inc. will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes.

DEEWR will store the information securely in the Higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. Narre Community Learning Centre inc. and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

Narre Community Learning Centre Inc. abides by the Information Privacy Act and its principals

For more information in relation to how student information may be used or disclosed please contact Narre Community Learning Centre’s Compliance Manager on phone (03) 9704 7388 or email sbrenton@narreclc.net.au.

I acknowledge and agree to the terms described in this privacy statement:

Student Signature:

Dated: