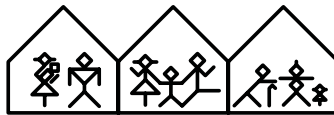


Community centre enrolment form



Felltimber Community Centre

Baranduda Community Centre

Belgrade Ave Community Centre

As a government-funded organisation, the community centres are required to ask students for information. Please complete details on this form.

Title	Dr	Mr	Mrs	Ms	Miss	Residential address	
First name		Middle name/s				Post code	
Last name		Mailing address (if different to above)				Post code	
Contact phone		Concession card *				Post code	
Email		Date of birth (dd/mm/yy)		Gender		Post code	
				Male		Female	

Victorian Student Number	Course/activity name	
Enter your VSN		
If you have not provided a VSN, is this because (please tick):	How did you hear about this course/activity?	
I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.	Newspaper	Social media
	Radio	Website
I have attended a Victorian school, TAFE or VET provider but do not have a VSN.	Word of mouth	Other
	Course guide	

Language and cultural diversity

In which country were you born?

What is the language spoken at home?

How well do you speak English? (please tick)

01 Very well 02 Well 03 Not well 04 Not at all

Are you of Aboriginal or Torres Strait Islander origin?

01 No 02 Yes, Aboriginal 03 Yes, Torres Strait Islander

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 tick more than one).

11 Hearing/deaf 15 Mental illness

12 Physical 16 Acquired brain impairment

13 Intellectual 17 Vision

14 Learning 18 Medical condition

19 Other

Schooling

Please tick the description of your highest completed schooling level.

02 Did not go to high school

08 Year eight or below

09 Completed year nine or equivalent

10 Completed year 10

11 Completed year 11

12 Completed year 12

Prior educational achievements

Since leaving school, have you successfully completed any of these qualifications?

Please tick which qualification/s you have completed.

008 Bachelor degree or higher degree

410 Advanced diploma or associate degree

420 Diploma or associate diploma

511 Certificate IV (or advanced certificate)

514 Certificate III or trade certificate

521 Certificate II

524 Certificate I

990 Certificate other than above

Employment

Please tick the best description of your current employment status

- 01 Full-time employment
- 02 Part-time employment
- 03 Self-employed - not employing others
- 04 Employer
- 05 Employed - unpaid worker in a family business
- 06 Unemployed - seeking full-time work
- 07 Unemployed - seeking part-time work
- 08 Not employed - not seeking employment

Reason for study

Which of the following categories best describes your reasons for undertaking this course/program?

- 01 To get a job
- 02 To develop my existing business
- 03 To start my own business
- 04 To try for a different career
- 05 To get a better job or promotion
- 06 It was a requirement of my job
- 07 I wanted extra skills for my job
- 08 To get into another course or study
- 11 Other reasons
- 12 Personal interest/self-development

For student/child under 18 years

Student details

Are there any disabilities or medical conditions that we should be aware of? (include allergies/diet etc):

Is there anything else we need to be made aware of e.g. special needs, custody arrangements, etc.?

Parent/guardian details

Title Dr Mr Mrs Ms Miss Residential address (if different from that of student)

First name Middle name/s

Last name Post code

Contact phone (home) Contact phone (mobile) Contact phone (work)

Email

- On signing this form, I agree to collect or make arrangements for the collection of the young person under 18 years of age if he/she becomes unwell at the centre; and
- On signing this form, I also consent to the staff of the community centre seeking, or where appropriate administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the centre.

Signature

Date

Conditions of enrolment

- To confirm your place in the course/activity, you must return the completed enrolment form to the centre before the enrolment date;
- Fees must be received one week prior to the course/activity commencing. Payment by instalment can be arranged in special circumstances. Please ask the centre co-ordinator;
- To receive a concession fee, please present your card when enrolling;
- A receipt will be issued to confirm your payment and you will be contacted in the event that a course/activity has been cancelled or postponed;
- Please note that refunds after a course/activity has commenced, are only given in exceptional circumstances;
- If you wish to withdraw before the enrolment date closes, a \$20 cancellation fee will be deducted from your refund. A full refund will be made only if the course/activity is already full or cancelled. Sorry, no cash refunds, a cheque will be mailed in due course; and
- Please arrive five to 10 minutes before your course/activity is due to commence to ensure adherence to start/finish times.

* Concession

A fee concession may be available if you enrol in a Learn Local supported course, please contact the community centre for details.

Privacy statement

Personal and or health information collected by Wodonga Council is used for municipal purposes as specified in the *Local Government Act 1989*. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to the council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.

Wodonga City Council (the training provider) is required to provide the Victorian Government, through Skills Victoria or the ACFE board, with student and training activity data which may include information provided on this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at skills.vic.gov.au/corporate/statistics/submit_data).

Skills Victoria and the ACFE board may use this 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, Skills Victoria and the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I agree for my email address to be used to advise upcoming course/activity and events.

I acknowledge and agree to the conditions of enrolment and the terms described in the privacy statement.

Signature

Date

Payment details

Please indicate your method of payment

Amount payable

Cash

Cheque

Bankcard

Mastercard

Visa

Name on card

Card number

Expiry date

Office use only

Student identification number

Term (please tick)

One

Two

Three

Four

Module code

Receipt number

Sighted concession card
(please tick)

Yes

No

Date

Concession card number

Felltimber Community Centre

Cnr Melrose Drive and Felltimber Creek Rd,
Wodonga, VIC 3690

Phone: (02) 6043 4550

Fax: (02) 6043 4551

Email: cfelltimber@wodonga.vic.gov.au

Website: wodonga.vic.gov.au

Office hours: Monday to Friday - 9am to 1pm

Baranduda Community Centre

3 Sage Crt, Baranduda, VIC 3691

Phone: (02) 6020 8643

Fax: (02) 6020 8026

Email: cbaranduda@wodonga.vic.gov.au

Website: wodonga.vic.gov.au

Office hours: Monday, Tuesday, Thursday
and Friday - 9am to 1pm

Belgrade Ave Community Centre

12 Belgrade Ave,
Wodonga, VIC 3690

All enquiries and correspondence to
Felltimber Community Centre.