

*** REQUIRED INFORMATION**

CLIENT/STUDENT DETAILS

Title	Mr./Mrs./Ms./Miss
First Name	
Surname	
Date of birth *	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Stated

USUAL PLACE OF RESIDENCE

Address *	
Suburb/town	
State	
Post Code	

POSTAL ADDRESS

Address	
Suburb/town	
State	
Post Code	

CONTACT DETAILS

Home Phone	
Work Phone	
Facsimile	
Mobile	
Email	

VICTORIAN STUDENT NUMBER

Victorian Student Number (VSN) *	<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"/> <input type="text"/> <input type="text"/>
	If you are under 25 years old, you need to provide VSN to be able to get ACFE subsidised fee.
If you have not provided a VSN this because:	<input type="checkbox"/> I am new to the Victorian Education System or I have never been provided a Victorian Education Number.

CURRENT EMPLOYMENT STATUS

Please indicate the best description of your current employment status*

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

Industry of Employment

- A: Agriculture Forestry and Fishing
- B: Mining
- C: Manufacturing
- D: Electricity Gas Water and Waste Services
- E: Construction
- F: Wholesale Trade
- G: Retail Trade
- H: Accommodation and Food Services
- I: Transport Postal and Warehousing
- J: Information Media and Telecommunications
- K: Financial and Insurance Services
- L: Rental Hiring and Real Estate Services
- M: Professional Scientific and Technical Services
- N: Administration and Support Services
- O: Public Administration and Safety
- P: Education and Training
- Q: Health Care and Social Assistance
- R: Arts and Recreation Services
- S: Other Services

Occupation Identifier

- 1 Manager
- 2 Professionals
- 3 Technicians and Trades Workers
- 4 Community and Personal Service Workers
- 5 Clerical and Administrative Workers
- 6 Sales Workers
- 7 Machinery Operators and Drivers
- 8 Labourers
- 9 Other

SCHOOLING

Are you still at school? *

Yes No

Please indicate your highest completed secondary schooling level:

- 02 Did not go to school
 08 Year 8 or below
 09 Completed year 9
 10 Completed year 10
 11 Completed year 11
 12 Completed year 12

In which country were you born:

PRIOR EDUCATION (POST SECONDARY)

Have you successfully completed prior education?

Yes No

Please indicate any qualifications you have completed: (you may tick more than one box)

- 008 Bachelor Degree or Higher Degree
 410 Advanced Diploma or Associate Degree level
 420 Diploma level
 511 Certificate IV
 514 Certificate III
 521 Certificate II
 524 Certificate I
 990 Miscellaneous Education (certificates other than above)

What qualification of your prior education is it?

- A: Australian Qualification
 E: Equivalent Australian qualification
 I: International qualification

LANGUAGE

What is the language spoken at home?

How well do you speak English if English is your second language?

Very Well Well Not well Not at all

Do you need assistance with literacy, numeracy or language?

Yes No

DISABILITY

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

Yes No

Please specify

- 11 Hearing/Deaf 16 Acquired brain impairment
 12 Physical 17 Vision
 13 Intellectual 18 Medical condition
 14 Learning 19 Other
 15 Mental Illness 99 Unspecified

Do you require special assistance

Yes No

ABORIGINAL TORRES STRAIT ISLANDER STATUS

Are you of Aboriginal or Torres Strait Islander origin?

- 1 Aboriginal 2 Torres Strait Islander
 3 Both 4 Neither

REASON FOR STUDY

Which of the following best describes your reasons for undertaking this course or activity?*

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

SURVEY CONTACT STATUS

Survey contact status

- A Available for survey use I Invalid address/Itinerant student
 C Correctional facility M Minor-under age of 15 (not to be surveyed)
 D Deceased student Overseas (address or enrolment)
 E Excluded

CONCESSION

Do you hold a government concession card?

- Yes No

If yes please indicate the relevant concession card

- G VCE Scholarship
 H Health Care Card
 J Job Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card.
 M Prisoner
 O Other
 P Pensioner Concession Card
 V Veteran Gold Card Concession
 Z None

SPONSOR DETAILS

Complete this section if an organisation is paying part or all of your fees

Sponsor name

Contact person

Postal address

Suburb/Town

Post Code

I hereby consent to Mount Beauty Neighbourhood Centre Inc. providing my sponsor(s) with result information, and/or copies of certificates and/or statements or attainment.

Student signature _____ Date: ___ / ___ / ___

CREDIT CARD DETAILS

Name on card

Card Number

Expiry

3 digit verification code

Signature

PRIVACY STATEMENT & DECLARATION

I understand that:

Mount Beauty Neighbourhood 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 Mount Beauty Neighbourhood 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 more information in relation to how student information may be used or disclosed please contact Mount Beauty Neighbourhood Centre Inc. on phone 03 5754 1166 or email info@mountbeauty.org.au.

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

Student signature: Date:

MARKETING

I am happy to receive emails regarding courses and activities from Mount Beauty Neighbourhood Centre Inc.

PHOTO CONSENT RELEASE

Mount Beauty Neighbourhood Centre Inc. 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.

Mount Beauty Neighbourhood Centre Inc. would like to use and reproduce one or more photographs of you for this purpose and is seeking your consent.

I hereby agree to Mount Beauty Neighbourhood Centre Inc. using, reproducing and disclosing photographs of me for use in teaching materials, promotional and marketing materials, publications and / or its website.

OFFICE USE		
Course/Unit	<input type="text"/>	Commencement date
Course/Unit Code	<input type="text"/>	Completion date
Course/Unit	<input type="text"/>	Commencement date
Course/Unit Code	<input type="text"/>	Completion date
Course/Unit	<input type="text"/>	Commencement date
Course/Unit Code	<input type="text"/>	Completion date
QUALIFICATION	DURATION	
	Commencement date	
	End date	
	Commencement date	
	End date	
	Commencement date	
	End date	
	Commencement date	
	End date	