



LEARN LOCAL
ENROLMENT FORM 2021

DBID:
NRID:

Learn Local Organisation		
<input type="checkbox"/> Bellarine Living and Learning Centre	<input type="checkbox"/> Cloverdale Community Centre	<input type="checkbox"/> Foundation 61

Training Location	
<input type="checkbox"/> Bellarine Living and Learning Centre	<input type="checkbox"/> Cloverdale Community Centre
<input type="checkbox"/> Foundation 61	<input type="checkbox"/> Gordon TAFE
<input type="checkbox"/> Northern Futures	<input type="checkbox"/> Other

Course Name:	Course Code:	Term:
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Please answer every question on the form as accurately as you can, and sign at the bottom.

Personal and Contact Details	
Given Name	Family Name
Street Address	
Suburb	Post Code
Phone (Home)	Mobile
Email	
Date of Birth __/__/____	Male / Female /Other

If you are aged 24 years or under please enter your Victorian Student Number

<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"/>
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Are you new to the Victorian Education system or do not have a Victorian Student Number? Yes/No

Emergency Contact	
In the event of an emergency, who should we contact?	
Name	Phone

Employment	
Which best describes your current employment status?	
<input type="checkbox"/> Employed- unpaid worker in family business	<input type="checkbox"/> Part time employee
<input type="checkbox"/> Employer	<input type="checkbox"/> Self-employed - not employing others
<input type="checkbox"/> Full time employer	<input type="checkbox"/> Unemployed (seeking full time work)
<input type="checkbox"/> Not employed (not seeking employment)	<input type="checkbox"/> Unemployed (seeking part time work)

Survey Status		
<input type="checkbox"/> Are you willing to participate in surveys related to this course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Do you wish to be excluded from any future surveys	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Language and Cultural Diversity	
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> other - please specify	
Do you speak a language other than English at home?	No, English only
	Yes, I speak
How well do speak English? <input type="checkbox"/> Very well <input type="checkbox"/> well <input type="checkbox"/> not well <input type="checkbox"/> not at all	
Are you of Aboriginal or Torres Strait Island origin?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes, Aboriginal
	<input type="checkbox"/> Yes, Torres Strait Islander
	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
Schooling	
What is your highest completed school level in Australia?	
<input type="checkbox"/> Completed Year 8 or below	<input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed year 12
<input type="checkbox"/> Completed Year 9 or equivalent	<input type="checkbox"/> Completed year 11 <input type="checkbox"/> Did not go to school in Australia
Are you still attending secondary School? (Circle)	Yes No
Have you <i>completed</i> any of the following Australian qualifications?	
<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificate 1
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Certificate 2
<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Certificate 3 (or Trade Certificate)
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate 4 (or Advanced)
	<input type="checkbox"/> Certificate other than above
Study Reason	
What BEST describes your main reason for doing the course?	
<input type="checkbox"/> For personal reasons	<input type="checkbox"/> To get a job
<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> I want extra skills for my job
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement of my job
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> Other
Disability	
Do you consider yourself to have a disability, impairment or long term condition? Yes / No	
If yes, please indicate the area of disability, impairment or long - term condition.	
<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Hearing/ deaf <input type="checkbox"/> Intellectual
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision <input type="checkbox"/> Other

Concession Type	
What type of concession applies to you?	
<input type="checkbox"/> Pension Concession Card	<input type="checkbox"/> Health Care Card
<input type="checkbox"/> Job Seeker Concession Card Holder	<input type="checkbox"/> Job Seeker – Not Concession Card Holder
<input type="checkbox"/> Other	
Marketing	
How did you find out about this course?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Brochure
<input type="checkbox"/> Job Network	<input type="checkbox"/> Northerly Aspects
<input type="checkbox"/> Other	
Travel	
What is your main mode of transport?	
<input type="checkbox"/> By foot	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Other -	
Privacy	
Cloverdale Community Centre is required by State government funding to gather the personal information above for reporting and statistical purposes. All information is subject to the Information Privacy principle privacy Act 1988. I hereby give Cloverdale Community Centre employees, government or funding body auditors the right to view the training related information and files held in my name.	
Terms and Conditions	
By signing this form, I accept the terms and conditions of enrolment. I understand that if I withdraw within five days of commencement I will be given a refund less \$10 administration cost. After this time, I will forfeit my fees in total.	
Signature:	Date:
Signature of Parent / Guardian, (if under 18)	Date:
Photographic Images, Video Images, Writing and Questions	
I give my consent and approval for the use of photographic images, video images, writing and quotations by Cloverdale community Centre for promotional activities. I will not seek payment or benefit from Cloverdale Community centre for the use of any images, writing or quotations. I understand that I can withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.	
Signature	Date
Signature of Parent / Guardian (if under 18):	Date:

THANK YOU FOR COMPLETING THIS FORM

Cloverdale Community Centre

167-169 Purnell Road Corio VIC 3214

Cloverdalecommunitycente.net.au www.cloverdalecommunitycentre.org.au

STAFF USE ONLY

Date of enrolment			
Amount Paid \$	Receipt number		
Method of payment	Cash	Card	Cheque
NRolls ID	Date entered to NRolls		Initials
Database ID	Date entered to Database		Initials
Third Party referral			
Agency	Case Worker	Contact Details	