

Student details	
Surname:	Given Names:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say
Enrolled for Semester/s: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Custom .....
Home address: No and street: _____ Suburb: _____ Postcode _____	
Home Phone:	Mobile Phone:
Email address:	
Are you a permanent Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare number: _____ <i>(If No, please ask about 'fee for service' options)</i>	
How did you find out about the course? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Website <input type="checkbox"/> Course Guide <input type="checkbox"/> Poster <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other	

Emergency Details/Next of Kin	
Contact Name	Relationship:
Home Phone:	Mobile Phone:

Language and Cultural Diversity	
Country of birth:	Main language spoken at home:
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Disability / Assistance	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, then please tick the area/s applicable.	
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Learning
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Medical condition
	<input type="checkbox"/> Other

Schooling	
What is your highest COMPLETED school level? <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 or equivalent <input type="checkbox"/> Completed Year 8 or lower <input type="checkbox"/> Never attended school	Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Qualifications Achieved	
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or advanced certificate) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than above	_____ <b>Enter A, E or I</b> _____    Please enter one of these identifiers for any _____    applicable qualification level _____    A = Australian _____    E = Australian Equivalent _____    I = International _____

Employment	
Please tick which BEST describes your current employment status	
<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed- not employing others <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed –seeking full time work <input type="checkbox"/> Unemployed –seeking part time work <input type="checkbox"/> Not employed – not seeking employment
Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)	
<input type="checkbox"/> Manager <input type="checkbox"/> Community and personal services worker <input type="checkbox"/> Clerical and administrative worker	<input type="checkbox"/> Professional <input type="checkbox"/> Sales worker <input type="checkbox"/> Labourer
<input type="checkbox"/> Technician or trade worker <input type="checkbox"/> Machinery operator and driver <input type="checkbox"/> Other	
Please tick which BEST classification describes your current or recent area of employment.	
<input type="checkbox"/> Mining <input type="checkbox"/> Electricity, Gas, Water and Waste services <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Information, Media and Telecommunications <input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Education and Training <input type="checkbox"/> Arts and Recreation Services	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Retail trade <input type="checkbox"/> Transport, Postal and Warehousing <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Other services

Study Reason	
Of the following categories, which BEST describes your main reason for undertaking this course?	
<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another program of study <input type="checkbox"/> Other reasons

Victorian Student Number – To be completed by all students up to the age of 24.
Enter your VSN: _____ - No further questions
Have you attended any Victorian schools since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011. <input type="checkbox"/> No - no further questions <input type="checkbox"/> Yes – complete next question
Most recent school, TAFE or other training Organisation:

## Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

### Collection of your data

Endeavour Hills Neighbourhood Centre (EHillsNC) is required to provide the Department with student and training activity data. This includes personal information collected in the EHillsNC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

EHillsNC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

### Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by EHillsNC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

### Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

### Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

### Survey Participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note that you opt out of the NCVER survey at the time of being contacted.

### Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for to enrol in VET and/or obtain a Victorian Government VET subsidy.

### Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact the Manger, EHillsNC, on 9700 3789.

### Further Information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

<b>Signature</b>	
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## Privacy & Confidentiality

I understand that Endeavour Hills Neighbourhood Centre is required to provide the Victorian Government with student and training activity data which may include information I provide in this enrolment form (please refer to privacy notice below). The Neighbourhood Centre respects your rights to information privacy and confidentiality in accordance with privacy laws. I acknowledge that I have read this privacy statement.

Signature

## Declaration

I agree to pay all fees and charges applicable to, and arising from, this enrolment.

In the event of an emergency, accident or illness, I consent to staff of the Centre seeking, or where appropriate, administering, such emergency treatment as is reasonably necessary at my cost.

I confirm, that the details provided on this form are true and correct to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

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Class Name	Class ID	Module Code	Start Date	Fee Paid

## Reason for Concession *(circle specific category)*

- G** VCE Scholarship
- H** Health Care Card
- J** Job Seeker AND Concession Card
- K** Job Seeker NO Concession Card
- M** Prisoner
- O** Other
- P** Pensioner Concession Card
- V** Veteran Gold Card
- Z** None
- X** Community based order / individuals held in the Judy Lazarus Transition Centre

Card number:

Concession Granted *(state total \$ to be paid by student on enrolment)*  
\$

Reason for full exemption from paying fees:

ACFE Eligible  Fee for Service  Third Party  
Third party details:

Managers Signature:

Print Name and Date: