

Privacy Statement

I understand that: Glen Eira Adult Learning Centre 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, reporting and/or research activities. For those and other lawful purposes, Skill Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Glen Eira Adult Learning Centre's Privacy Officer, Phillip Kemp on 9578 8996.

I acknowledge and agree to the terms described in this Privacy Statement.

I declare to the best of my knowledge the information entered on this form is correct and complete.

Student Signature:.....

Date:.....

For each course in which you enrol, select the category that best describes your main reason for doing the course. Write the corresponding number in the box titled "**Study Reason***".

- | | | |
|------------------------------------|--|--------------------------|
| 1. To get job | 5. To get a better job or promotion | 9. For personal interest |
| 2. To develop my existing business | 6. It was a requirement of my job | 10. For self-development |
| 3. To start my own business | 7. I wanted extra skills for my job | 11. Other reasons |
| 4. To try for a different career | 8. To get into another course of study | |

***Accredited Courses must use correct NTIS course code & name.**

Class Code*	Class Name*		Study Reason*
Enrolment Date	Receipt No.	Funding: Comments:	
I choose to enrol in this class. I understand that by enrolling in this class I am agreeing to GEALC Inc. using, storing and disclosing the personal information that I have provided on the back of this form for the purposes described in GEALC's Privacy Notice for Student 2010. I have checked that the personal information that I have provided is current and accurate.			
Signed:		Date	

Class Code*	Class Name*		Study Reason*
Enrolment Date	Receipt No.	Funding: Comments:	
I choose to enrol in this class. I understand that by enrolling in this class I am agreeing to GEALC Inc. using, storing and disclosing the personal information that I have provided on the back of this form for the purposes described in GEALC's Privacy Notice for Student 2010. I have checked that the personal information that I have provided is current and accurate.			
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Signed:		Date	