

DISABILITY

Do you have a permanent disability or allergy that may affect your participation in class? (tick box): Yes No

Hearing/Deaf Physical Intellectual Mental Illness Acquired Brain Impairment

Vision Learning Medical Condition Other (please specify) _____

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: Mobile:

REASON FOR STUDY

Select the category that BEST describes your main reason for doing this course (tick one box only):

To get a job To develop my existing business To start my own business For personal interest / self development

Different career To get better job or promotion Requirement of my job

Extra skills for my job To get into another course of study Other reasons

MEMBERSHIP

Anyone attending classes or volunteering at the GEALC automatically becomes a member of the Centre. In the event a membership is not approved, the person will be notified in writing. Membership includes access to the Centre facilities, contribution to Centre decision-making, newsletters and notices of meetings and events. The Centre respects the right of individuals to information privacy and any information collected and held is kept in accordance with the Privacy and Data Protection Act 2014. In most cases, information about individuals is only released to third parties with consent, or when required by law to do so. Should more information be required, please ask GEALC Staff.

Please tick if you want to receive:

GEALC Newsletters news about events and courses public acknowledgement of your achievements

I agree to have any photos taken of me to be used for promotional purposes. Signature: _____

CONDITIONS OF ENROLMENT

Full payment of fees must accompany completed enrolment form to confirm a place in course. When a class is filled, students may be placed on a waiting list. Classes start on date shown unless otherwise notified. Refunds only considered if 7 days notice is given prior to commencement date. An administration fee of 10% will apply to all refunds. No refund will be given once a course has commenced. GEALC reserves the right to cancel or defer classes with low enrolments. Students will be notified of such cancellations prior to the course commencement date and a full refund will be given. Students are advised that training funded by the Victorian Training Guarantee may impact accessibility to further government subsidies.

** A dependent spouse or dependent child must provide the Concession Card number of spouse or parent. If yes please tick this box.

STUDENT ENROLMENT PRIVACY NOTICE

I understand and accept that GEALC is required to provide the Victorian Government, through the Department of Education & Training, 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 <http://www.skills.vic.gov.au/corporate/providers/data-collection>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For those and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by GEALC that I may be contacted and requested to participate in a National Centre for Vocational Education Research (NCVER) Survey or a Department endorsed project or audit or review.

The Education and Training Reform Act 2006 requires GEALC 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 refer to the Privacy Notice or contact the Glen Eira Adult Learning Centre's Manager on 9578 8996 or email info@gealc.org.au.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice (please tick)

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

Student Signature: _____ Date: / /

OFFICE USE ONLY

Fees	Resident Concession: <input type="checkbox"/>	Resident Non-Conc: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>	Reduction of Fees: Yes <input type="checkbox"/> No <input type="checkbox"/>
				<i>Completed Reduction of Fees Form</i>
Program Name:	Funding Type:	Term	Amount	Date Paid:
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>			
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>			
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>			
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>			
	ACFE/VTG <input type="checkbox"/> AMEP <input type="checkbox"/> FFS <input type="checkbox"/>			
Invoice Required? Y / N	Invoice to:	Date Invoice Paid:		
Student ID:	Entered on SMS by:	Entered Date:		