

2012 COURSE ENROLMENT FORM

Courses:	1.		Commencement Date: / /
	2.		Commencement Date: / /
	3.		Commencement Date: / /

How did you hear about this course? Local Paper Library Friend Passing By Internet Magazine Living in Glen Eira Other

PERSONAL DETAILS

Surname: _____ Given Names: _____
Legal Family Name Legal Given Names

Date of Birth: / / --- Gender: Female Male

Address: _____

Postcode: --- Email Address: _____

Home Phone: ----- Mobile: -----

Concession Card No: --------- Expiry Date: ___/___/___

Concession Type (tick box): Commonwealth Health Care Card Pensioner Concession Card Veteran's Gold Card

COUNTRY OF BIRTH / CITIZENSHIP / RESIDENCY

Are you Aboriginal or Torres Strait Islander? Yes No

Country of Birth: _____ Language spoken at home: _____

How well do you speak English? Very Well Well Not Well Not at All

Please tick one of the following:

Australia *Australian citizen (includes Australians with dual citizenships)*

New Zealand *New Zealand citizen / New Zealand citizen with Australian permanent residency*

Other Country *Citizen of country other than Australia or New Zealand **WITH** Australian permanent residency*

Visa Sub-Class number (from passport): _____ Type of Visa: _____

*Citizen of country other than Australia or New Zealand **WITHOUT** Australian permanent residency*

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: ----- Mobile: -----

DISABILITY

Do you have a permanent disability or allergy that may affect your participation in class? Yes No

If YES, then please indicate the area of disability, impairment or long-term condition:

Hearing/Deaf Physical Intellectual Mental Illness Acquired Brain Impairment

Vision Learning Medical Condition Other (please specify) _____

EMPLOYMENT DETAILS

Which of the following categories BEST describes your current employment status? (tick one box only)

Full time Employee <input type="checkbox"/>	Self-employed – Not employing others <input type="checkbox"/>	Unemployed – Seeking Full Time Work <input type="checkbox"/>
Part time Employee <input type="checkbox"/>	Employed – Unpaid family worker <input type="checkbox"/>	Unemployed – Seeking Part Time Work <input type="checkbox"/>
Employer <input type="checkbox"/>	Not employed – Not seeking employment <input type="checkbox"/>	Retired – not seeking employment <input type="checkbox"/>

REASON FOR STUDY

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

To get a job <input type="checkbox"/>	To develop my existing business <input type="checkbox"/>	To start my own business <input type="checkbox"/>	For personal interest / self development <input type="checkbox"/>
Different career <input type="checkbox"/>	To get better job or promotion <input type="checkbox"/>	Requirement of my job <input type="checkbox"/>	
Extra skills for my job <input type="checkbox"/>	To get into another course of study <input type="checkbox"/>	Other reasons <input type="checkbox"/>	

