

ENROLMENT FORM

As a Government funded organisation we are required to ask students for information. This information is required by CCH and funding bodies for statistical collection and remains confidential.

Course Name:		Course Code:	
If this is an accredited course, do you agree to be assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant Details (To be completed in full)			
Enter your full name	Surname (Legal Family Name)		
	Given Names (Legal Given Names)		
Date of Birth	Day/Month/Year		
Sex (tick one box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Address Street number and name where you usually reside – if you are from a rural area use the address from your 'rural property addressing' or 'numbering' system as your residential address.	Building/Property Name		
	Flat/Unit Number		
	Street Number (e.g. 5 or Lot 12)		
	Street Name		
	Suburb, locality or town		
	State/Territory	Postcode	
	Home Phone Number		
	Mobile Phone Number		
Postal Address (if different from above)	Building/Property Name		
	Flat/Unit Number		
	Street Number (e.g. 5 or Lot 12)		
	Street Name		
	Suburb, locality or town		
	State/Territory	Postcode	
Email address			
Emergency Contact Details			
Emergency Contact Person Details	Name		
	Contact phone number		
	Their relationship to you		

This document is uncontrolled after printing

Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level. A – Australian E– Australian equivalent I – International Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E– Australian equivalent 3. I - International	A	E	I	Bachelor Degree or Higher Degree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above

Victorian Student Number (VSN)

Only to be completed by students under the age of 25 years of age

Enter your Victorian Student Number (VSN)

--	--	--	--	--	--	--	--	--	--

Have you attended any Victorian school 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?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.
No more questions in this section if you answer No above

Yes - I have attended a Victorian school since 2009:
 Most recent Victorian school attended

.....
 and / or

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011
 List the most recent training organisations with which you have participated in training in Victoria since 2011

Unique Student Identifier

From January 2015 students will need a Unique Student Identifier (USI) to obtain their certificate or qualification when studying nationally recognised training.
 Enter your USI here:

--	--	--	--	--	--	--	--	--	--

If you do not have a USI go to www.usi.gov.au to obtain one.

Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only).

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Self-employed - not employing others | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only). If never employed go to the next question

- | | |
|---|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Clerical and Administrative Workers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Technicians and Trade Workers | <input type="checkbox"/> Machinery Operators and Drivers |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Labourers |
| | <input type="checkbox"/> Other |

Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only)
If never employed go to the next question

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Information Media and telecommunications |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Financial and Insurance Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Rental, Hiring and real Estate Services |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Accommodation and Feed Services | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Arts and recreation Services |
| | <input type="checkbox"/> Other Services |

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only.)

- | | |
|---|--|
| <input type="checkbox"/> To get a job
<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business
<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> Other reasons |
|---|--|

How did you hear about this Program/Activity? (Optional)

- Newspaper
 Word of Mouth
 Flyer
 Website
 Job Seeker Agency
 Other.....

- I **do** give consent for Cobram Community house Inc. to send me information via email.
 I **do not** give consent for Cobram Community House Inc. to send me information via email.

Publicity Consent

CCH requires consent to publish photos of participants and/or their work on the Cobram Community House Inc web page and other publications. This consent will remain current while you attend Cobram Community House Inc and for future publications unless you inform the organisation in writing as to a change of circumstances. Should you have any queries in relation to this matter, please do not hesitate to speak to our Community Services Co-Ordinator or Executive Officer.

Please read the following publicity consent statements

By giving publicity consent I give permission for Cobram Community House Inc. to involve me/my child in publicity activities which promote Cobram Community House Inc. and its functions.

By giving consent I have no objection to being interviewed, photographed or filmed by Cobram Community House Inc. or by media organised and supervised by Cobram Community House Inc. I recognise that this may include publishing my photograph, name and/or work on the Cobram Community House Inc. web site, annual report, brochures, local newspaper items and other media modes.

Cobram Community House Inc. understands that there can be many reasons why individuals may prefer not to appear on the media or Internet, and respects your wishes. If you sign this consent form, but later wish to withdraw it, please notify Cobram Community House Inc. so we can adjust our records accordingly.

To avoid confusion, if you wish to alter consent, you may wish to contact Cobram Community House Inc. in writing or visit us to complete another form. Otherwise, this permission will remain valid while you or your child is enrolled at CCH or until you are otherwise advised.

Please select the appropriate consent statement/s

- I **do** give consent for photographs / work to be published in all advertising (hard copy, digital and media)
- I **do not** give consent for photographs / work to be published in hard copy
- I **do not** give consent for my photographs/work to be published in digital or media copy

Refund Policy

I am aware of the CCH Refund Policy (if not please ask staff) Yes
 You can access the full refund policy at www.cch.vic.edu.au and the Student Handbook.

Please select one of the below options.

- Yes** I recognise that by signing this enrolment form, I am entering into a contract with Cobram Community House and as such will be liable for **All** fees payable for this training. If I do not make regular payments, I understand that the outstanding debt may be placed in the hands of a Debt Collector.
- OR**
- This course is being funded by a service provider / Job seeker agency / employer or other third party

Privacy Statement

I understand that Cobram Community House is required to provide the Victorian Government, through the Department of Education and 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.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities. For these 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 the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Cobram Community House 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 contact Cobram Community House on phone 03 58722224 or email cch@cch.vic.edu.au.

Please tick to acknowledge that you have read the above privacy policy statement	<input type="checkbox"/> I acknowledge and agree to the terms described in this privacy statement
Signature:	Date:
Parent / Guardian Signature (If under 18 years)	Date:

PLEASE NOTE: Enrolment is not complete until fees are paid in full and this form has been completed. Unless enrolment is complete and fees are paid you will not be eligible to receive your Certificate/Statement of Attainment and/or Transcript Report.

Office Use Only		
Paid in full <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, payment plan contract is to be signed and approved)	Form Fully Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Cheque <input type="checkbox"/> Other:	Amount Paid:	Receipt Number:
Funding Type <input type="checkbox"/> Accredited <input type="checkbox"/> Pre-Accredited <input type="checkbox"/> Fee for Service	Fee Type: <input type="checkbox"/> Concession <input type="checkbox"/> Funded <input type="checkbox"/> Full Fee	
Signed:	Date Entered:	

This document is uncontrolled after printing