

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:
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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 <small>Please write the name you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want CCH to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.</small>	Client Family Name (Legal Family Name)										
	First Name (Legal Given Name)										
	Middle Name (Legal Middle Name)										
Enter your birth date	Day/Month/Year										
Gender (tick one box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> (Indeterminate/Intersex/Unspecified)										
Unique Student Identifier <small>If you have not obtained a USI, you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device.</small>	Enter your Unique Student Identifier (if you already have one)										
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> </tr> </table>										
Contact Details											
Home Phone											
Work Phone											
Mobile											
Email address											
Usual residence <small>What is the address and postcode of the suburb, locality or town in which you usually live? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential address.</small>	Building/Property Name										
	Flat/Unit Number										
	Street Number (e.g. 5 or Lot 12)										
	Street Name										
	Suburb, locality or town										
	State/Territory	Postcode									
Postal Address <small>(if different from above)</small>	Building/Property Name										
	Flat/Unit Number										
	Street Number (e.g. 5 or Lot 12)										
	Street Name										
	PO Box or Roadside delivery box										
	Suburb, locality or town										
	State/Territory	Postcode									

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other – Please specify
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Concession Type	
Do you hold one of the following concession cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Health Care Card (Commonwealth) <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Veterans Gold Card
Copy of concession card provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment	
Which of the following classifications BEST describes your current or recent occupation? <small>(Tick ONE box only).</small> <small>If never employed go to the next question.</small>	
<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? <small>(Tick ONE box only). If never employed go to the next question.</small>	
<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 Food 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	
Of the following categories, which BEST describes your current employment status? <small>(Tick ONE box only).</small>	
<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"/> Self-employed – employing others <input type="checkbox"/> Not employed - not seeking employment	

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If Yes, please indicate the areas of disability, impairment or long-term condition:
(You may indicate more than one area.)

<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning	<input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other
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If yes - do you consider yourself to require additional support for study at Cobram Community House?
 Yes No (If yes please complete Form T107: Student Support Form).

Schooling

What is your highest COMPLETED school level? (Tick ONE box only.)

<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
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Are you still attending secondary school? Yes No

Previous Qualifications Achieved

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

If Yes, please enter one of these Prior Educational Achievement Recognition Identifier 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: A – Australian E– Australian equivalent I - International	A	E	I	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	

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 program of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons <input type="checkbox"/> To get skills for community/voluntary work
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Victorian Student Number (VSN) To be completed by all students aged up to 24 years.

Enter your Victorian Student Number (VSN)	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
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?	<input type="checkbox"/> 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.								
	<input type="checkbox"/> Yes - I have attended a Victorian school since 2009: Most recent Victorian school attended and / or <input type="checkbox"/> 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 (List up to 3 training organisations). <table border="1" style="width: 100%; height: 40px;"> <tr><td style="border: 1px dashed black;"></td></tr> <tr><td style="border: 1px dashed black;"></td></tr> <tr><td style="border: 1px dashed black;"></td></tr> </table>								

Would you describe yourself as belonging to any of the following cohorts? You can select up to 3 cohorts.

<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Learner facing financial stress <input type="checkbox"/> Head start apprentice / trainee <input type="checkbox"/> Jobs Victoria Employment Network client <input type="checkbox"/> A learner with literacy, numeracy and digital literacy needs	<input type="checkbox"/> Retrenched worker <input type="checkbox"/> Reconnect program student <input type="checkbox"/> Veteran <input type="checkbox"/> Woman returning to work <input type="checkbox"/> No specific cohort
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Emergency Contact Details

Emergency Contact Person Details	Name
	Contact phone number
	Their relationship to you

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 Manager.

Please read the following publicity consent statements	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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Please select the appropriate consent statement/s	<p><input type="checkbox"/> I do give consent for photographs / work to be published in all advertising (hard copy, digital and media)</p> <p><input type="checkbox"/> I do not give consent for photographs / work to be published in hard copy</p> <p><input type="checkbox"/> I do not give consent for my photographs/work to be published in digital or media copy</p>
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Refund Policy	<p>I am aware of the CCH Refund Policy (if not please ask staff) <input type="checkbox"/> Yes <i>You can access the full refund policy at www.cch.vic.edu.au and the Student Handbook.</i></p>
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Please select one of the below options.	<p><input type="checkbox"/> 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.</p> <p>OR</p> <p><input type="checkbox"/> This course is being funded by a service provider / Job seeker agency / employer or other third party (provide details below)</p>
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Agency:

Contact name:

Contact phone:

Contact email:

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.

Privacy Statement

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

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

Cobram Community House Inc. provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <https://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, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

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 you may 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 you to enrol in VET and/or to 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 Cobram Community House's Privacy Officer in the first instance by phone 03 58722224 or email cch@cch.vic.edu.au.

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>.

Please tick to acknowledge that you have read the above privacy policy statement

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

Signature:

Date:

Parent / Guardian Signature (If under 18 years)

Date:

Do you have any medical conditions, allergies or specific individual requirements CCH should be aware of?

Please tick to acknowledge that you understand and agree.

I acknowledge that should Cobram Community House need to call an ambulance or other medical attention for me it is at my own expense and not Cobram Community House's.