



ENROLMENT FORM

Name: _____
(first name) (last name)

Female / Male (Please circle) Date of Birth: ____/____/____

Telephone: (h) _____ (w) _____ (m) _____

Postal Address: _____

Town: _____ Postcode: _____

Are you an Aboriginal or Torres Strait Islander? (Please tick) No Yes Aboriginal Torres Strait Islander

Are you an Australian Citizen? (Please circle) Yes / No Country of Birth _____

If no:

- Are you a Australian Permanent Resident (holder of a permanent visa)? (Please circle) Yes / No
- Are you a holder of a Special Category Visa (subclass 444, New Zealand citizen) (Please circle) Yes / No
- Are you an East Timorese asylum seeker (Please circle) Yes / No
- Are you a holder of a Temporary Protection Visa (Please circle) Yes / No

Are you still attending school? (Please circle) Yes / No

What was your highest completed school level? (Please tick)

Year 12 Year 11 Year 10 Year 9 Year 8 or less

What year did you leave school? 19_____ or 20_____

Are you: (Please tick one of the following)

- | | |
|--|---|
| <input type="checkbox"/> A full time employee | <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"/> Employed - unpaid family worker |
| <input type="checkbox"/> Not employed - not seeking employment | |

Language spoken at home? _____

If other than English do you speak English: (please tick) very well well not well not at all

Do you have a disability? No or Yes (If yes please tick which type below)

- | | | |
|---|---|--|
| <input type="checkbox"/> hearing/deafness | <input type="checkbox"/> physical | <input type="checkbox"/> acquired brain impairment |
| <input type="checkbox"/> learning | <input type="checkbox"/> mental illness | <input type="checkbox"/> medical |
| <input type="checkbox"/> vision | <input type="checkbox"/> intellectual | <input type="checkbox"/> |

Please tick any of the following qualifications that you have completed:

- | | |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher | <input type="checkbox"/> Advanced diploma or associate degree |
| <input type="checkbox"/> Diploma or associate diploma | <input type="checkbox"/> Certificate IV (or advanced certificate) |

Certificate III (or trade certificate)
 Certificate I

Certificate II
 other

Do you have a current concession card? *(Please circle)* Yes / No

If yes:

Expiry date _____/_____/_____

Code: _____

Please tick type of concession:

Commonwealth Health Care Card

Pensioner Concession

Veteran's Gold Card

Emergency contact details

1. Name: _____

Telephone number: _____

Relationship: _____

2. Name: _____

Telephone number: _____

Relationship: _____

Are you happy to be contacted by email? *(Please circle)* Yes / No

Would you like to receive a copy of the Centre's e-newsletter via email? *(Please circle)* Yes / No

Email: _____

Student Signature: _____ Date: ____/____/____

Postal enrolments only: Course(s) Name: _____

PRIVACY: DNC respects your right to information privacy. Information collected about learners is kept in accordance with our privacy policy and information privacy laws. Please contact us if you would like more information about our privacy policy.

FUNDING: Courses marked with an * in our brochure have funding assistance from ACFE and are charged at between \$1.08 and \$2.71 (depending on the course), per student contact hour. The remainder of the charge covers Centre amenities. If you would like more specific information please make a time to talk to our Training Coordinator.

This form and payment are required to secure your place in a course. Full payment must be made before the first class, unless instalments have been arranged in advance. The fee will be returned if the course is booked out or cancelled.