

ENROLMENT FORM 2010

PLEASE COMPLETE ALL QUESTIONS ON BOTH SIDES OF THIS FORM AND RETURN TO CENTRE

ENROLMENT GUIDELINES

- * Enrol by completing this form and either post to us with cheque, phone with credit card details, or come in and pay with Eftpos cash or credit card.
- * Concession rates apply for registered unemployed, pensioners and health card holders. A copy of your concession card is needed if you are claiming the concession price.
- * Refer to Student Information Handbook for fee structure and details of refund policy, or phone and ask for details before you enrol for your course, as in accordance with this policy refunds are only granted in certain circumstances
- * Childcare fees of \$6.00 per hour are in addition to course fees and are payable in advance.

PLEASE NOTE THAT IT IS CENTRE POLICY THAT CHILDREN ARE NOT PERMITTED IN ADULT CLASSES

TITLE (Mr/Mrs/Miss/Ms)..... SURNAME FIRST NAME

DATE OF BIRTH / / 19..... PHONE (home)(work) (mobile)

EMAIL WOULD YOU LIKE TO RECEIVE OUR BROCHURE VIA EMAIL? Yes No

POSTAL ADDRESS POSTCODE

EMERGENCY CONTACT NAME PHONE NO

COURSE DETAILS (Enter details for all classes)

| NAME OF COURSE | COURSE CODE | START DATE | COURSE FEE |
|----------------|-------------|------------|------------|
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ARE YOU CLAIMING CONCESSION? Yes No (A copy of your concession card is required at enrolment)

If Yes, what type of concession? (e.g. Age, Family Allowance, New Start, etc)

| | | |
|--|--|--|
| How did you hear about Pines Learning? | | |
| 1. Pines Learning Brochure Centre mail out <input type="checkbox"/> Insert in local paper <input type="checkbox"/> | 2. Local Paper - Manningham Leader <input type="checkbox"/> Which section: "What's on" <input type="checkbox"/> Advertisement <input type="checkbox"/> | Melbourne Weekly Eastern <input type="checkbox"/> "Need to Know" <input type="checkbox"/> Story/article <input type="checkbox"/> |
| 3. Internet / Electronic <input type="checkbox"/> | 4. Friend/Word of mouth <input type="checkbox"/> | 5. School Newsletter <input type="checkbox"/> |
| 4. Employment Agency <input type="checkbox"/> Which Agency? | 8. Other - <input type="checkbox"/> Please specify | |

What courses have you done at Pines Learning in the past 12 months? Please list

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|--------------------|
| Name of Course (s) |
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| |

Privacy: Pines Learning respects your right to privacy. Information is collected for the purpose of statistical records and may be used in surveys commissioned by our funding bodies. All personal information is kept in accordance with Privacy Legislation and is not used for any other purpose without your consent. The Centre's Privacy Policy is included in the Student Information Handbook.

THE FOLLOWING INFORMATION IS REQUIRED BY OUR FUNDING BODIES

1. Are you of Aboriginal or Torres Strait Islander descent? No Yes, Aboriginal Yes, Torres Strait Islander

2. Are you an Australian Resident? Yes No

3. Country of Birth: Australia? Yes No If No, please state Country of Birth

4. What is your highest COMPLETED school level?

| | | | | |
|----------------------------------|----------------------------------|----------------------------------|--|---|
| Year 12 <input type="checkbox"/> | Year 11 <input type="checkbox"/> | Year 10 <input type="checkbox"/> | Year 9 or lower <input type="checkbox"/> | Did not go to school <input type="checkbox"/> |
|----------------------------------|----------------------------------|----------------------------------|--|---|

5. In which year did you complete that school level?

6. Please indicate your current employment status? (Tick ONE box only)

| | |
|---|---|
| (01) Full time employee <input type="checkbox"/> | (02) Part time employee <input type="checkbox"/> |
| (03) Self employed - not employing others <input type="checkbox"/> | (06) Unemployed - seeking full-time work <input type="checkbox"/> |
| (04) Employer <input type="checkbox"/> | (07) Unemployed - seeking part-time work <input type="checkbox"/> |
| (05) Employed - unpaid worker in family business <input type="checkbox"/> | (08) Not employed - not seeking employment <input type="checkbox"/> |

7. Do you speak another language other than English at home? (If more than one language, please indicate the one that is spoken most often)

| | | |
|---|-------------------------------------|----------------------|
| No, English only <input type="checkbox"/> | Yes, other <input type="checkbox"/> | Please specify |
|---|-------------------------------------|----------------------|

8. How well do you speak English? (If English is not your first language)

Very well Well Not well Not well at all

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

If yes, please indicate area of disability, impairment or long term condition:

| | | | |
|--|-----------------------------------|--|---|
| Hearing/Deaf <input type="checkbox"/> | Physical <input type="checkbox"/> | Intellectual <input type="checkbox"/> | Mental Illness <input type="checkbox"/> |
| Acquired brain impairment <input type="checkbox"/> | Vision <input type="checkbox"/> | Medical condition <input type="checkbox"/> | Other |

PLEASE INFORM THE PROGRAM COORDINATOR AND/OR TUTOR EITHER PRIOR TO OR AT THE FIRST SESSION, OF ANY INJURY, ILLNESS OR DISABILITY THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN YOUR CLASS.

10. Please indicate if you have successfully COMPLETED any of the following qualifications (Non Australian qualifications are not recognised unless equivalency has been formally established with a qualification within the AQTF Framework)

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|---|---|
| (008) Bachelor, Degree or Higher Degree <input type="checkbox"/> | (514) Certificate III (or Trade Certificate) <input type="checkbox"/> |
| (410) Advanced Diploma or Associate Degree <input type="checkbox"/> | (521) Certificate II <input type="checkbox"/> |
| (420) Diploma (or Associate Diploma) <input type="checkbox"/> | (524) Certificate I <input type="checkbox"/> |
| (511) Certificate IV Adv. Certificate/Technician <input type="checkbox"/> | (990) Certificates other than the above <input type="checkbox"/> |

11. What is the main reason for enrolling in this course? Tick one box only

| | |
|--|---|
| (01) To get a job <input type="checkbox"/> | (06) It was a requirement of my job <input type="checkbox"/> |
| (02) To develop my existing business <input type="checkbox"/> | (07) I wanted extra skills for my job <input type="checkbox"/> |
| (03) To start my own business <input type="checkbox"/> | (08) To get into another course of study <input type="checkbox"/> |
| (04) To try for a different career <input type="checkbox"/> | (09) For personal interest or self development <input type="checkbox"/> |
| (05) To get a better job or promotion <input type="checkbox"/> | (10) Other reasons <input type="checkbox"/> |

Disclaimer: Prior to undertaking classes, participants should consult their health care professional if they have a pre existing illness or injury that could affect their participation in class. All care will be taken by Pines Learning to ensure participants safety. I acknowledge Pines Learning (or any of its staff paid or unpaid) will not be liable, to the maximum extent permitted by law, for any direct, indirect, resulting or consequential loss, cost, expense, damage or injury to myself or my property.

I authorise Pines Learning to seek emergency medical, hospital, ambulance services or treatment as is deemed necessary on my behalf while attending the centre. I also understand that Pines Learning bears no responsibility for costs incurred as a result and I confirm that I have received a copy of the Student Information Handbook

PLEASE SIGN: **DATE:**