

**OFFICE USE ONLY**

Surname:

Student ID:

Enrolment year: 202\_\_

Invoiced to Agency: Direct Debit: Staff/Volunteer **Bridge Darebin Enrolment Form – ACFE Courses**

Information contained in this document is utilised in accordance with the Preston Neighbourhood House Inc Privacy Policy

Given Name:		Preferred Name:		
Surname:				
Email:				
Mobile:	Home Phone:	Preferred contact: <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Phone		
Home Address	Suburb:		State:	Postcode:
	<input type="checkbox"/> Same as Home Address			
Postal Address	Suburb:		State:	Postcode:
Emergency Contact	Name:		Relation to You:	
	Email:		Mobile:	Phone:
Would you like to be added to our Email list for updates on courses, Moon Rabbit café and the Makers Market? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you find out about us?				
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other:			Date of Birth:	
Country of Birth:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Preferred Pronouns [optional]:		First Language:		
Indigenous Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither				
Victorian Student Number [VSN] (Required if you are 25 or younger – leave blank if you don't know it)				
Education Completed	<input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Year 9 or equivalent	
	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 12 or equivalent	
	Year Completed:			
Employment Status	<input type="checkbox"/> Full-Time Employee		<input type="checkbox"/> Part-Time or Casual Employee	
	<input type="checkbox"/> Self-Employed (not employing others)		<input type="checkbox"/> Employer	
	<input type="checkbox"/> Employed – Unpaid Worker in Family Business		<input type="checkbox"/> Unemployed – Seeking Full-Time Work	
	<input type="checkbox"/> Unemployed – Seeking Part-Time Work		<input type="checkbox"/> Not Employed – Not Seeking Employment	
If you are employed, what Industry and Occupation are you working in? (e.g. Hospitality – Waiter)				
Industry:			Occupation:	

Post-Secondary Education Completed	<input type="checkbox"/> Australian Qualification		<input type="checkbox"/> Australian Equivalent		<input type="checkbox"/> International Qualification	
	<input type="checkbox"/> Bachelor or Higher		<input type="checkbox"/> Advanced Diploma or Associate Degree			
	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	
Medical Information	Are there any medical conditions or disability that may affect your participation in the course? <input type="checkbox"/> No					
	<input type="checkbox"/> Yes	Medical Conditions or Disability:				
	Name of support person (if any):					
	Email:			Phone:		
	Mobility Aids:					
	Support Notes:					
Do you have a health and safety plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide the office with a copy)						
Citizenship	Are you an Australian or New Zealand citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold an Australian Permanent Residency Visa? <input type="checkbox"/> Yes Are you on an Australian Humanitarian Visa? <input type="checkbox"/> Yes Are you a citizen of a country other than Australia or New Zealand, and don't have an Australian Permanent Residency Visa? <input type="checkbox"/> Yes					
Concession Entitlement	A Centrelink Health Care Card (HCC) or Pensioner Concession Card (PCC) is required to claim the concession fee for ACFE courses. You MUST present this to one of our offices to confirm eligibility. <input type="checkbox"/> HCC <input type="checkbox"/> PCC Number:					
Course(s) Applying For						Term/Year
						Term/Year
						Term/Year
						Term/Year
Declaration and Privacy Information	<ul style="list-style-type: none"> <li>This organisation respects your right to privacy. Information which we collect from you is held in accordance with information privacy laws and Bridge Darebin Privacy Policy. Please ask should you require further information.</li> <li>I understand the conditions relating to fees, concessions and refunds, and hereby agree to pay all charges applicable.</li> <li>I agree to abide by the policies of Bridge Darebin and its Code of Conduct.</li> <li>I authorise the organisation to release information regarding my participation to any government department or referring agency if applicable.</li> <li>I declare that the information supplied on this enrolment form is correct and complete.</li> </ul>					
Name:			Signature:			
Date:						