

BEECHWORTH NEIGHBOURHOOD CENTRE INC. STUDENT ENROLMENT/REGISTRATION 2007

As a Government funded organization we are required to ask students for information. Please complete details on this form.

STUDENT DETAILS:

Last Name _____ First Name _____

Gender Male / Female Date of Birth ____/____/____ Are you Aboriginal/Torres Strait Islander? Yes / No

Address _____ Postcode _____

Phone (H) _____ (W) _____ (Mob) _____

Email Address _____

Country of Birth _____ Language spoken at home _____

I WISH TO ENROL IN THE FOLLOWING COURSE(S) AT: BEECHWORTH / MYRTLEFORD (Please circle)

Please Name the Course(s)		Office Use Only			
		Vettrak Code	Fee	Date Paid	Receipt
1					
2					

EMPLOMENT STATUS		SCHOOLING			PRIOR EDUCATIONAL ACHIEVEMENTS	
	Tick	Highest Level of Schooling Completed	Tick	Year	Since leaving school have you completed any of these qualifications?	Tick
Full time employment		Completed YR 9 or lower			Bachelor Degree or higher	
Part time employment		Completed YR 10			Advanced diploma or Assoc degree	
Self-employed (not employing others)		Completed YR 11			Diploma or Assoc. diploma	
Employer		Completed YR 11			Certificate IV (or advanced Cert)	
Employed – unpaid family worker					Certificate III (or Trade Cert)	
Unemployed –seeking full time work					Certificate II	
Unemployed – seeking part time work					Certificate I	
Not employed – not seeking work					Other than above	

DISABILITY: Do you consider yourself to have a permanent and significant disability? YES / NO

If yes, please indicate the disability (You may tick more than one)

	Tick		Tick		Tick
Hearing / deaf		Physical		Learning	
Mental illness		Vision		Medical condition	
Intellectual		Acquired Brain Impairment		Other	

REASON FOR TAKING THIS COURSE: Which of the following best describes your reasons for undertaking this course?

	Tick		Tick		Tick
To get a job		To get a better job or promotion		For personal interest	
To develop my existing business		It was a requirement of my job		For self development	
To start my own business		I want extra skills for my job		Other reasons	
To try a different career		To get into another Course or study			

CONCESSION (If applicable) Type:..... Concession Card No.....

I accept the enrolment information as set out above:

Your signature _____ Date ____/____/____

IMPORTANT INFORMATION.

- PAYMENT – Full payment is required BEFORE Course begins (not at the class)
- COURSE CANCELLATION – A full refund will be given only if BNC has cancelled the Course (due to low enrolments) or student notifies of withdrawal more than 7 days before Course begins.
- CHILDCARE: Please enquire when enrolling