



# Warracknabeal Neighbourhood House & Learning Centre Inc.

2 Cox Street, Warracknabeal, Vic. 3393

Phone: (03) 5396 1360

Fax: (03) 5394 1103

email: info@2coxstreet.com.au

## APPLICATION FOR ENROLMENT FORM

Please note: You must enrol and pay course fees to book your place.

When your application has been approved, you will be offered a place in the course.

### PERSONAL DETAILS:

First Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ eMail: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Country Of Birth: \_\_\_\_\_

MALE / FEMALE (please circle) Language Spoken At Home: \_\_\_\_\_

Highest School Level (please circle) 8 9 10 11 12 Other - Last Year Attended School: \_\_\_\_\_

Are You Currently Studying At Secondary School: YES / NO (please circle)

#### Employment Status:

- Full Time (01)
- Part Time (02)
- Self-Employed (03)
- Employer (04)
- Employed - unpaid family worker (05)
- Unemployed - seeking full time work (06)
- Unemployed - seeking part time work (07)
- Not Employed - not seeking employment (08)

#### Have You Successfully Completed Further Education Since Leaving School? YES / NO

If yes, please specify:

- Trade Certificate
- Advanced/Technical Certificate
- Other Certificate
- Associate Diploma
- Undergraduate Diploma
- Degree or Post Graduate Diploma
- Other Further Education

#### NAME OF COURSE

#### DATE & TIME

#### FEES

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Fee Concession Details (CRN No:) \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Type Of Concession: \_\_\_\_\_

# Please Turn Over

**Do you identify yourself as a Koorie or Torres Strait Islander? YES / NO** (please circle)

**Do you have a disability? YES / NO** (please circle)

If yes, please specify:

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing/Deaf    | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Intellectual    | <input type="checkbox"/> Learning                  |
| <input type="checkbox"/> Mental Illness  | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Vision          | <input type="checkbox"/> Medical Condition         |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Other                     |

Specify: \_\_\_\_\_

**STUDY REASON:**

Which BEST describes your main reason for undertaking this course?

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

**VICTORIAN STUDENT NUMBER:**

\_\_\_\_\_

- I have not provided my VSN/I don't know it, or
- I don't have one

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This information is required by organisations receiving Government funds.*

*The information is confidential and will be used to plan future courses and facilities in adult community education.*

*Cancellation fees shall be charged at the discretion of the centre manager and committee.*

*NO refund shall be given after class has begun.*

*Class fees are to be paid in full and full payment of class fees must be received prior to the beginning of classes conducted at the centre. Refunds of fees will be given if the centre cancels the course/class.*

*A refund will be given if the student gives 5 days notice of withdrawal of the class.*

*Thank you for your assistance.*

**NOTES:**

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