

**ACFE Education and Training**  
**General ENROLMENT FORM 2016**

Students: Use this enrolment form only *once* for all courses in 2016.  
Fees start from \$30, practical courses from \$40 plus fees.

STUDENT ID

**CLASSES** I am interested in are: \_\_\_\_\_

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of birth: \_\_\_\_\_Student Self Referral: ☐ Yes ☐ No Interpreter required: ☐ Yes ☐ No

Case Worker/Carer/: Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone No: \_\_\_\_\_ Agency: \_\_\_\_\_

Birth Country: \_\_\_\_\_ What language is usually spoken in your home? : \_\_\_\_\_

How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all(Origin) Do you identify yourself as an Aboriginal, Torres Strait Islander or Kanak? ☐ Yes ☐ NoDo you have a disability, impairment or long term condition that requires medical, psychiatric or psychological support or counselling? : ☐ Yes ☐ No

Primary Disability (Type): \_\_\_\_\_ Secondary Disabilities: \_\_\_\_\_

Medications: ☐ Yes ☐ No Is there any effect on your learning from your disability or from your treatment? \_\_\_\_\_

**Highest level of school completed:** School Year Level 12 ☐ 11 ☐ 10 ☐ 9 ☐ ☐ (8 or lower) (tick)

**CALENDAR** Year when you completed secondary school: **19**\_\_\_\_\_ **OR** **20**\_\_\_\_\_

**Are you still attending secondary level schooling:** ☐ Yes ☐ No

**Recent School Students:** – Do you have your Student Number? *Write here:* \_\_\_\_\_

**Have you undertaken and completed additional Qualifications:** ☐ Yes ☐ No

If yes what did you do?:  
\_\_\_\_\_

**What Post Secondary School levels have you achieved?** (TAFE, University or Private)

Bachelor or Higher degree ☐ Advanced Diploma or Associate degree ☐ Diploma ☐

Certificate level: 4 ☐ 3 ☐ 2 ☐ 1 ☐

**Recognised as:** Australian A ☐, or Australian Equivalent E ☐ or Other International I ☐

**What best describes your employment Status:** (tick )

**I work as an Employee:** ☐ Full-time ☐ Part-time ☐ Casual

☐ Self-employed (I do not employ people): ☐ Employer, (I employ people)

☐ Employed (unpaid family worker) ☐ Unemployed

☐ Seeking full time employment ☐ Seeking part time work or volunteering

**Reason for undertaking this session/Program**

To get a job	
To develop my existing business	
To start my own business	
To try 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 another course of study	
For personal interest	
For self development	
Job Network/Other agency requirement	
Other reason(s)	

You are requested to pay a student course fee at a subsidized rate. Fees start from \$30 for a 20 hour course. Practical courses may cost you more. If you are in financial difficulty or hardship you may discuss alternatives so that you can still access this training. See the coordinator. Prahran Mission is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data (which is aggregated data, not personal information) that may include information you provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

**STUDENT DECLARATION:** I understand that I may be contacted and requested to participate in a Department-endorsed project or audit or review.

As a Student of a Prahran Mission Education Learn Local program by signing this document, I understand that I have enrolled and authorise that information will be collected and stored as well as reported and accessed as mentioned above.

When I commence as a student, I will agree to conduct and behaviours expected of me.

**Student's signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

Updated document: Y:\Training – Lewis\ACFE\LEARN LOCAL 2016\ENROLMENT FORM Version 2