



34 Oak Avenue (PO Box 104)
 DOVETON VIC 3177
Phone: 9791-1449
FAX: 9791-1526
 Email: info@dovetonnlc.com.au
 Website: www.dovetonnlc.net.au
 ABN: 59 427 677 967

ENROLMENT FORM: PRE ACCREDITED ACFE

Course applying for _____

Contact Details (Please record your name as you would wish it to appear on a certificate)	
Title (What do you like to be called?)	Mr / Mrs / Ms / Miss
First Name	
Last name	
Gender: Male / Female	
DOB (When were you born?)	
Town/City and Country of birth. (Where were you born?)	
Home Phone number	
Mobile number	
Full address (Where do you live?)	
Email	
What language do you speak at home?	
Are you Aboriginal?	Yes / No
Are you a Torres Strait Islander?	Yes / No
Emergency Contact person (Who should we contact in an emergency?)	
Relationship to you (Who are they?)	
Emergency phone number	

School / Training Details

Are you still at School? Yes / No
 Highest school level completed (Please circle) Year 12 / Year 11 / Year 10 / Year 9
 What year did you finish high school

Have you **successfully** finished any of these Australian qualifications? Yes/ No
(Please tick which is your **highest** level of qualification)

- Certificate I
- Certificate II
- Certificate III
- Certificate IV
- Diploma
- Advanced Diploma
- Associate Degree Bachelor or Higher Degree

What kind of qualification do you hold?

- Australian qualification (A)
- Australian equivalent (E)
- International (I)

Where did you find out about this course?

- Friend
- Work
- Job Service Agency
- Employer
- Newspaper
- Doveton Neighbourhood Learning Centre Website
- Doveton Neighbourhood Learning Centre Program
- Other

Why did you choose this course?

- To get a job
- To start my own business
- To get a better job or promotion
- I wanted extra skills for my job
- For my own interest or self-development
- To get better business skills
- To try for a different career
- I had to do this for my job
- To get into another course or study

Do you have any difficulty with the English Language? Yes No

(If appropriate, please tick relevant box to identify where you have difficulty)

- Reading
- Writing
- Speaking

How well do you speak English?

- Very well
- Well
- Not Well
- Not at all

Employment Status

Please choose 1 only

- Full time worker
- Part time worker
- Self –employed, not employing others
- Not employed not seeking employment
- Unpaid worker in family business
- Unemployed, seeking part time work
- Unemployed, seeking full time work
- Employer

Which industry area are you employed in?

- Agriculture, forestry & fishing (A)
- Mining (B)
- Manufacturing (C)
- Electricity, gas, water and waste service (D)
- Construction (E)
- Wholesale Trade (F)
- Retail Trade (G)
- Accommodation & Food services (H)
- Transport Postal & Warehouse (I)
- Information, Media & Telecommunication (J)
- Financial & Insurance Services (K)
- Rental, hiring & Real estate services (L)
- Professional, scientific & technical services (M)
- Administrative & Support services (N)
- Public administration & safety (O)
- Education & Training (P)
- Health Care & social assistance (Q)
- Art & recreation services (R)
- Other services (S)

Occupation type identified

- Manager (1)
- Professionals (2)
- Technicians & Trade workers (3)
- Community & personal services (4)
- Clerical & Administrative worker (5)
- Sales worker (6)
- Machinery operator & drivers (7)
- Labourers (8)
- Other (9)

Medical Conditions

We like to provide support for people with extra needs. If you do not let us know you need extra help we may not be able to help you or it may cost more.

Do you have any of these Medical conditions? Yes / No

- Acquired Brain Injury
- Hearing
- Intellectual
- Learning
- Medical Condition
- Mental Illness
- Physical
- Vision

Other

RULES FOR GOVERNMENT FUNDING

To receive Australian Government Funding please provide original documentation for us to copy and retain (the copy) for audit purposes.

Are you an Australian citizen or Australian Permanent Resident (holder of a permanent visa)? Yes / No

(If Yes please supply a copy of your green Medicare card and proceed to the SIGNATURE AND DECLARATION section.)

If not an Australian citizen or an Australian Permanent Resident (holder of permanent visa)? please answer the following:

Do you hold a special category Visa (sub-class 444 New Zealand citizen)?	Yes / No
Do you hold a Temporary Protection visa?	Yes / No
Are you an East Timorese asylum seeker?	Yes / No

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Doveton Neighbourhood Learning Centre Inc. will let me know about any planned excursions.

I DO / DO NOT (Please circle)

allow photographs/videos of me to be taken as part of my classes at **Doveton Neighbourhood Learning Centre Inc.** to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Doveton Neighbourhood Learning Centre Inc. will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

I understand that **Doveton Neighbourhood Learning Centre Inc.** is required to provide the Victorian Government, through the ACFE Board, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (see www.education.vic.gov.au).

The ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact **Doveton Neighbourhood Learning Centre Inc.** Staff on 97911449 or info@dovetonnlc.com.au.

I understand and agree to the terms described in this privacy statement.

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature:..... Date:

Applicant under 18 years

Parent / Guardian Name:

Parent / Guardian signature: Date:

Courses fill quickly; please return this application form as soon as possible to avoid disappointment.

Please ensure you have attached proof of your Australian citizenship or Residential Status

If a course is cancelled or delayed by DNLC, a full refund will be made available by cheque.

A refund will be made available for students if DNLC is notified in writing within **five business days prior to the commencement of the course.**

A \$10 administration fee will be deducted from any refund given and is issued by cheque. No Refunds are available after a course has started due to our not for profit status.

Office use only		
VSN ID:	DNLC Student ID:	Fee: FULL/CONCESSION
Concession: F N O P G Q S Z V	Health Care Card No:	Expiry Date: