



# MILPARA COMMUNITY HOUSE INC. ENROLMENT FORM 2020

21 SHELLCOT ROAD (PO Box 136) KORUMBURRA 3950.  
Telephone: 5655 2524 Email: milpara@dcsi.net.au



## Learn Local ACFE Enrolment Form

To assist us with your enrolment and to be able to contact you if required, please provide the following information which is also required by our funding body for statistical purposes.

### Student Details

Title: Miss/Mrs/Ms/Mr Gender: Male/Female

First Name: Last Name: Date of Birth:

Street Address:

Email:

Daytime Phone: A.H. Phone: Mobile:

Would you like to be added to our email list to receive the term program? Yes  No

### Course Details

Course Name:

How did you hear about this course? Term Program  Local Paper  Word of Mouth   
Milpara Website  Facebook  Online  Other: \_\_\_\_\_

Are you on a Concession Card?  No  Yes Please indicate which

Health Care Card Concession Card  Pensioner  
 Veteran Gold Card Concession  Other, \_\_\_\_\_

If you are aged 24 or please provide your Victorian Student Number. \_\_\_\_\_

### Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee  Employed - unpaid family worker  
 Part-time employee  Unemployed - seeking full-time work  
 Self-employed - not employing others  Unemployed - seeking part-time work  
 Employer  Not employed - not seeking employment

### Language and Cultural Diversity

Are you an Australian Citizen?  Yes  No, Visa type: \_\_\_\_\_

In which country were you born?  Australia  Other (Please specify) \_\_\_\_\_

Are you  Aboriginal  Torres Strait Islander  Both Aboriginal & TSI  Neither Aboriginal or TSI

Language spoken at home?  English Only  Other (Please specify) \_\_\_\_\_

If English is your 2<sup>nd</sup> language, how well do you speak it?  Very Well  Well  Not Well  Not at All

### Schooling

Are you still attending secondary school?  No  Yes

What is your highest COMPLETED school level? (Tick ONE box only.)

Completed Year 12  Completed Year 9 or Equivalent  
 Completed Year 11  Completed Year 8 or Lower  
 Completed Year 10  Did not go to school

In which YEAR did you complete that school level?

### Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the following qualifications? Tick ANY applicable boxes.

- |   |  |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree     | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III (or Trade Certificate)              |
| <input type="checkbox"/> Diploma (or Associate Diploma)       | <input type="checkbox"/> Certificate II                                      |
|   | <input type="checkbox"/> Certificate I                                       |

### Disability & Literacy

Do you have a disability, impairment or long term condition?  No  Yes, please indicate which:

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

### Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship (Tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                    | <input type="checkbox"/> To get a better job or promotion    |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> To start my own business        | <input type="checkbox"/> I wanted extra skills for my job    |
| <input type="checkbox"/> To try for a different career   | <input type="checkbox"/> To get into another course of study |

Course Cost: \$                      OR Concession \$  
Amenities Fee \$

Total \$

Your enrolment may be used in a National Student Outcomes Survey. If you do not wish to be part of the survey, please tick this box.

Signed \_\_\_\_\_

Enrolment Date: \_\_\_\_\_

In signing this form, I hereby agree to abide by the Code of Conduct for Milpara Community House Inc. (A copy of this document is on display in each of the training spaces.)

### Office Use Only:

Payment Details:	Date:	Amount:	Receipt #:
<b>Documentation:</b>			
<input type="checkbox"/> Privacy Statement completed		<input type="checkbox"/> Sample of work	
<input type="checkbox"/> Enrolment Form signed and dated		<input type="checkbox"/> Learner Review completed	
<input type="checkbox"/> Learner Plan completed		<input type="checkbox"/> Student Satisfaction Survey	
<b>NRolls:</b> <input type="checkbox"/> Updated	<input type="checkbox"/> Concession noted	<input type="checkbox"/> Details updated:	<input type="checkbox"/> Receipt Book
<b>Notes:</b> (e.g. Invoice & Purchase Order # if applicable)			



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### Privacy Statement - ACFE funded student

I understand that:

Milpara Community House Inc. is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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 (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. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Milpara Community House Inc. to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register. For students eligible for VET Fee Help, the following privacy statement also applies:

Milpara Community House Inc. is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Milpara Community House Inc. will disclose this information to the Commonwealth Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE) for those purposes. DIISRTE will store the information securely in the Higher Education Information Management System. DIISRTE may disclose the information to the Australian Taxation Office. Milpara Community House Inc. and DIISRTE will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact Jenni Keerie, Privacy Officer on phone 03-5655 2524 or email milpara@dcsi.net.au.

I acknowledge and agree to the terms described in this privacy statement:

Name of Student: ..... Student signature: .....

Date: .....

- I accept the terms describe in this privacy statement
- I do not accept the terms describe in this privacy statement

[Please use  or  as appropriate for online enrolments]