

STUDENT DATA/ENROLMENT FORM

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

How did you hear about this Program/Activity? (Optional)

Newspaper Word of Mouth Flyer Website Job Seeker Agency

Other.....

Course Name:		Course Code:	
Delivery Mode:		Commencement Date:	
Participant Details (To be completed in full)			
Enter your full name	Surname (Legal Family Name)		
	Given Names (Legal Given Names)		
Enter your birth date	Day/Month/Year		
Sex (tick one box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
What is the address location and postcode of the suburb, locality or town in which you usually live? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.	Building/Property Name		
	Flat/Unit Number		
	Street Number (e.g. 5 or Lot 12)		
	Street Name		
	Suburb, locality or town		
	State/Territory	Postcode	
	Home Phone Number		
	Mobile Phone Number		
What is your postal address (if different from above)?	Building/Property Name		
	Flat/Unit Number		
	Street Number (e.g. 5 or Lot 12)		
	Street Name		
	Suburb, locality or town		
	State/Territory	Postcode	
What is your email address?	Email address		

This document is uncontrolled after printing

Emergency Contact Details	
Emergency Contact Person Details	Name
	Contact phone number
	Their relationship to you
Language and Cultural Diversity	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify
If born in Australia, which town/city were you born?	
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) English only – Go to question 9	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other - Please specify
How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Concession Type	
Do you hold one of the following concession cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes – provide concession details	Concession type
	CRN Number:
	Expiry Date:
	Sighted by (CCH staff only):
Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)	<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 <input type="checkbox"/> Other			
If yes - do you consider yourself to require additional support for study at Cobram Community House?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please obtain and complete Form T107: Student Support Form. This form will need to be lodged with the training team with your enrolment form)			
Schooling				
What is your highest COMPLETED school level? (Tick ONE box only.)	<input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 or Equivalent <input type="checkbox"/> Completed Year 8 or Lower <input type="checkbox"/> Never attended School			
In which YEAR did you complete that school level?				
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Qualifications Achieved				
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level. A – Australian E– Australian equivalent I – International Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E– Australian equivalent 3. I - International	A	E	I	Bachelor Degree or Higher Degree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above	

Employment	
Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If unemployed skip this Question	<input type="checkbox"/> 1 – Managers <input type="checkbox"/> 2 – Professionals <input type="checkbox"/> 3 – Technicians and Trade Workers <input type="checkbox"/> 4 – Community and Personal Service Workers <input type="checkbox"/> 5 – Clerical and Administrative Workers <input type="checkbox"/> 6 – Sales Workers <input type="checkbox"/> 7 – Machinery Operators and Drivers <input type="checkbox"/> 8 – Labourers <input type="checkbox"/> 9 – Other
Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If unemployed go to next question.	<input type="checkbox"/> A - Agriculture, Forestry and Fishing <input type="checkbox"/> B – Mining <input type="checkbox"/> C - Manufacturing <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services <input type="checkbox"/> E - Construction <input type="checkbox"/> F- Wholesale Trade <input type="checkbox"/> G - Retail Trade <input type="checkbox"/> H - Accommodation and Feed Services <input type="checkbox"/> I - Transport, Postal and Warehousing <input type="checkbox"/> J - Information Media and telecommunications <input type="checkbox"/> K - Financial and Insurance Services <input type="checkbox"/> L -Rental, Hiring and real Estate Services

This document is uncontrolled after printing

	<input type="checkbox"/> M -Professional, Scientific and Technical Services <input type="checkbox"/> N - Administrative and Support Services <input type="checkbox"/> O - Public Administration and Safety <input type="checkbox"/> P -Education and Training <input type="checkbox"/> Q - Health Care and Social Assistance <input type="checkbox"/> R - Arts and recreation Services <input type="checkbox"/> S - Other Services
--	--

Study Reason

<p>Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only.)</p>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
--	---

Victorian Student Number (VSN)
Only to be completed by students under the age of 25 years of age

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form. Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

<p>Enter your Victorian Student Number (VSN)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> <p style="text-align: center;"><u><i>No more questions in this section if you provided your VSN.</i></u></p>									

<p>Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?</p>	<p><input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <i><u>No more questions in this section if you answer No above</u></i></p> <p><input type="checkbox"/> Yes - I have attended a Victorian school since 2009: Most recent Victorian school attended and / or</p> <p><input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)</p> <div style="border: 1px dashed black; height: 60px; width: 100%;"></div>
--	---

Feedback and Evaluation Surveys

Cobram Community House uses its own internal evaluation pro forma for gaining your feedback on your training. Sometimes external pro-formas from government bodies are also required. Completion of these forms provides us with valuable information on your view of all aspects of the training and assessment services provided by us and enables us to continue to improve our services.

Publicity Consent

CCH requires consent to publish photos of participants and/or their work on the Cobram Community House Inc web page and other publications. This consent will remain current while you attend Cobram Community House Inc and for future publications unless you inform the organisation in writing as to a change of circumstances.

Should you have any queries in relation to this matter, please do not hesitate to speak to our Community Services Co-Ordinator or Executive Officer.

<p>Please read the following publicity consent statements</p>	<p>By giving publicity consent I give permission for Cobram Community House Inc. to involve me/my child in publicity activities which promote Cobram Community House Inc. and its functions.</p> <p>By giving consent I have no objection to being interviewed, photographed or filmed by Cobram Community House Inc. or by media organised and supervised by Cobram Community House Inc. I recognise that this may include publishing my photograph, name and/or work on the Cobram Community House Inc. web site, annual report, brochures, local newspaper items and other media modes.</p>
---	--

This document is uncontrolled after printing

	<p>Cobram Community House Inc. understands that there can be many reasons why individuals may prefer not to appear on the media or Internet, and respects your wishes. If you sign this consent form, but later wish to withdraw it, please notify Cobram Community House Inc. so we can adjust our records accordingly.</p> <p>To avoid confusion, if you wish to alter consent, you may wish to contact Cobram Community House Inc. in writing or visit us to complete another form. Otherwise, this permission will remain valid while you or your child is enrolled at the school or until you are otherwise advised.</p>
<p>Please select the appropriate consent statement/s</p>	<p><input type="checkbox"/> I do give consent for photographs / work to be published in all advertising (hard copy, digital and media)</p> <p><input type="checkbox"/> I do not give consent for photographs / work to be published in hard copy</p> <p><input type="checkbox"/> I do not give consent for my photographs/work to be published in digital or media copy</p>
<p style="text-align: center;">Refund Policy</p> <p>The full Cobram Community House refund Policy is available on our website. www.cch.vic.edu.au</p> <p><u>Fees and Charges</u> All fees and charges are listed in the course brochure available at the beginning of each semester (or prior to the commencement of new training).</p> <p><u>Payment of Fees</u> You can arrange a payment plan if you are unable to pay the full course fee in one payment. This option needs to be discussed with one of the Training Team staff prior to commencement. A deposit for courses is mandatory.</p> <p><u>Refunds</u></p> <ul style="list-style-type: none"> • Refund if CCH cancels the training. If CCH cancel the training before it has commenced, CCH must refund the fees you paid for the cancelled training. • Refund if enrolment is cancelled more than five days before the training starts. If you cancel your enrolment at least five days before the training starts, CCH will refund the fees you have paid for the training after deducting an administration charge. • Refund if enrolment is cancelled less than five days before the training starts. You are not entitled to a refund if you cancel your enrolment in less than five days before the training is due to start. <p><u>Outstanding/Overdue Payments</u> If you have outstanding/overdue payments with CCH, you may not be eligible to:</p> <ul style="list-style-type: none"> • Undertake/submit assessment • Continue study • Enrol in further study with CCH • Receive your Certificate / Statement of Attainment and/or Transcript Report 	

<p>Please answer the following</p> <p>Please also select one of the below options.</p>	<p><input type="checkbox"/> Yes (please tick) I am aware of and have read the above information. I know I can access the full refund policy at www.cch.vic.edu.au.</p> <p><input type="checkbox"/> Yes I recognise that by signing this enrolment form, I am entering into a contract with Cobram Community House and as such will be liable for All fees payable for this training. If I do not make regular payments, I understand that the outstanding debt may be placed in the hands of a Debt Collector.</p> <p>OR</p> <p><input type="checkbox"/> This course is being funded by a service provider / Job seeker agency / employer or other third party</p>
---	---

Privacy Statement

I understand that Cobram Community House 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, and 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 Cobram Community House 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 more information in relation to how student information may be used or disclosed please contact Cobram Community House's Privacy Officer on phone 03- 58722224 or email cch@cch.vic.edu.au

Please tick to acknowledge that you have read the above privacy policy statement	<input type="checkbox"/> I acknowledge and agree to the terms described in this privacy statement
--	---

Agreement to be Assessed

If this is an accredited course, do you agree to be assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Signature:	Date:
Parent / Guardian Signature (If under 18 years)	Date:

PLEASE NOTE: Enrolment is not complete until fees are paid in full and this form has been completed. Unless enrolment is complete and fees are paid you will not be eligible to receive your Certificate/Statement of Attainment and/or Transcript Report.

Office Use Only		
Paid in full <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, payment plan contract is to be signed and approved)	Form Fully Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Cheque <input type="checkbox"/> Other:	Amount Paid:	Receipt Number:
Funding Type <input type="checkbox"/> Accredited <input type="checkbox"/> Pre-Accredited <input type="checkbox"/> Fee for Service	Fee Type: <input type="checkbox"/> Concession <input type="checkbox"/> Funded <input type="checkbox"/> Full Fee	
CCH Student Number	VSN	
USI	Other	
Signed:		Date Entered: