



Cheltenham Community Centre ESL & Literacy ENROLMENT FORM 2010

Personal Details:	Family Name:	First Name:
Gender: M / F	Date of Birth:	Home Phone:
Mobile:	Work Phone:	Email:
Address:		State: Post Code:
Are you a Koorie or Torres Strait Islander: <i>(please circle)</i> Y / N		Country of Birth:
How did you find out about our program? <input type="checkbox"/> Flyer in mailbox <input type="checkbox"/> Advert in local paper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Website <input type="checkbox"/> Street Signage <input type="checkbox"/> Other (please state) _____		
Medical condition: Do you have a medical condition or permanent disability that we should know about or that may affect your participation in class? Y / N <i>(if yes, please circle disability/medical condition)</i>		
Disability: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment		
Medical condition: <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Other <i>(please indicate)</i> : _____		
Concession: <i>(complete if claiming concession rate)</i> Please circle concession type: Pension / New Start / Disability / Family Allowance / Age / Carers / Low Income / Mature Age / Youth Allowance / Other Concession Card No:		
Education, Employment & Contact Details:		
Highest School Level Completed: <i>Please tick box</i> <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Did not go to school	Prior Education: <i>Please enter one number in box:</i> 1. Bachelor degree of Higher degree level <input type="text"/> 2. Advanced diploma or Associate degree 3. Diploma level 4. Certificate IV 5. Certificate III 6. Certificate II 7. Certificate I 8. Miscellaneous education (other than above)	
Current employed status: Which of the following categories best describes you? <i>(Please enter one number in box):</i> <input type="text"/> 1. Full time employee 2. Part time employee 3. Self-employed – not employing others 4. Employer 5. Employed – unpaid family worker 6. Unemployed – seeking full time work 7. Unemployed – seeking part-time work 8. Not employed – not seeking employment	Which of the following categories best describes your main reason for doing this course? <i>(Please enter one number in box):</i> 1. To get a job <input type="text"/> 2. To develop my existing business 3. To start my own business 4. To try for a different career 5. To get a better job or promotion 6. It was a requirement for my job 7. I wanted extra skills for my job 8. To get into another course of study 9. For personal interest 10. For self development 11. Other reasons	
Emergency Contact Information:		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
Name:		
Relationship:		
Phone:		
Mobile:		
		Language spoken at home:

PRIVACY STATEMENT

Cheltenham Community Centre (CCC) offers a range of education and community programs. When you enrol with us, we ask for details about yourself which will be used as our point of contact. This information is **only** used for funding and planning purposes.

You are also required to provide us with an emergency contact. Please ensure that this person is aware that their contact details have been given to us and that you have their consent to provide this information.

If you have any concerns about providing the information requested, please speak to our reception staff who will be able to assist you. Please be assured that any information provided to us is kept confidential and any concerns you may raise about the way we handle your information will also be kept confidential.

If you would like access to the records we hold about you or you would like to correct or update any information, please speak to reception staff who would be pleased to discuss this with you.

PHOTOGRAPH & VIDEO AUTHORITY

I give permission to CCC to use my photograph &/or video footage for the use of CCC activities... eg. AGM presentation or advertising:

Yes No

MEDICAL AUTHORITY

I authorise you in the event of injury or accident to obtain medical assistance for me as required.

Yes No

I have read the above information and understand the purposes for the collection of my personal information and information I have given about others.

Name:.....

Date:.....

Signature:.....

OFFICE USE ONLY

ACFE Funded (P): <input type="checkbox"/>		Fee for Service (S) : <input type="checkbox"/>		AMES Client (M): <input type="checkbox"/>		Return to Earning (S): <input type="checkbox"/>	
Fees:	Resident Concession: <input type="checkbox"/>	Resident Non-Conc: <input type="checkbox"/>	Non-Resident: <input type="checkbox"/>		Reduction of Fees: Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<i>Completed Reduction of Fees Form</i>						
Course Name:		Course Code	Unit Codes	Tuition Fee See Pricing Form	Amenities Fee X amount of terms	Total Yearly Fees	
Certificate I in Spoken & Written English		91421NSW	CSWE 1A, 1B and 1C	\$	\$20 x ___ term (s)	\$	
Certificate II in Spoken & Written English		91422NSW	CSWE 2A, 2B, 2C and 2D	\$	\$20 x ___ term (s)	\$	
Cert III in Spoken & Written English B / A		91423NSW	CSWE 3A, 3B, 3D and 3E	\$	\$20 x ___ term (s)	\$	
ESL Computers (Cert III in ESL Access)		ESLCOM10	Pre-accredited	\$	\$10 x ___ term (s)	\$	
Language for Living		LANLIV10	Pre-accredited	\$	\$10 x ___ term (s)	\$	
Literacy for Living		LITLIV10	Pre-accredited	\$	\$10 x ___ term (s)	\$	
Certificate in General Ed for Adults (Intro)		21771VIC	Complete Certificate 360 hours	\$	\$40 x ___ term (s)	\$	
Certificate I in General Education for Adults		21772VIC	Complete Certificate 360 hours	\$	\$40 x ___ term (s)	\$	
Certificate II in General Education for Adults		21773VIC	Complete Certificate 320 hours	\$	\$40 x ___ term (s)	\$	
Return to Work		RWORK10	Pre-accredited	\$	\$20 x ___ term (s)	\$	
Childcare: Childcare required? Y / N			Child's name:			Childs D.O.B:	
Student ID:			Entered by:			Date:	