

Bellarine Living and Learning Centre Enrolment Form

If you have previously enrolled at BLLC, please complete SECTION A & B only.
If this is your first class, please complete SECTION A, B & C.

SECTION A

| | |
|--------|--|
| Course | |
|--------|--|

| | | | |
|-------------------|---------------------|------------------------|--|
| Title | | Address | |
| Last Name | | Suburb | |
| First Name | | Post Code | |
| Date of Birth | _ _ / _ _ / _ _ _ _ | PO Box (if applicable) | |
| Gender | M F | | |
| Phone | AH: | MOB: | |
| Email Address | | | |
| Emergency Contact | Name: Phone: | | |

Payment Details

Concession: To be eligible for concession you must hold one of the following cards:

- Commonwealth Health Care Card
 Pension Card
 Veterans' Gold Card
 Card number _____

Bellarine Living and Learning Centre reserves the right to re-arrange, cancel or adjust classes if necessary. All enrolled participants will be notified of changes by telephone. A business hours contact phone number is required.

Classes will be cancelled if insufficient numbers of participants enrol. Full refunds of fees are payable if classes are cancelled by **Bellarine Living and Learning Centre**. Where a client withdraws his/her enrolment prior to the commencement of class, a refund (less an administration fee) will be arranged. Refunds cannot be arranged once class has been committed to commence.

Student Signature: _____ Date: _____

(If under the age of 18 years)
Parent/guardian signature: _____ Date: _____

Office Use:

| | |
|------------|--|
| Student ID | |
| Local Code | |
| NRolls | |

SECTION B

Photography Permission and Privacy Statement

I **DO AGREE/I DO NOT AGREE** that Bellarine Living and Learning Centre Inc. may take and/or use photographs of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I understand that:

Bellarine Living and Learning Centre 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 **Bellarine Living and Learning Centre** 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 **Bellarine Living and Learning Centre's** Privacy Officer.

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

Student Signature: _____ Date: _____

(If under the age of 18 years)

Parent/guardian signature: _____ Date: _____

Victorian Student Number – To be completed by all students aged up to 24 years

Enter your Victorian Student Number (VSN): _ _ _ _ _ (No more questions if you provide you VSN)

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?

- No: I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011
- Yes: I have attended a Victorian school since 2009. Most recent school: _____
- Yes: I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent (up to 3): _____

SECTION C

Of the following categories, which best describes your current employment status?

- | | |
|--|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Unemployed seeing part time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed – unpaid worker in family business | |

Were you born in Australia?

Yes (state and town of birth): _____

No (Country of birth): _____

Languages/s spoken at home: _____

Proficiency in spoken English:

- | | | | |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Well | <input type="checkbox"/> Well | <input type="checkbox"/> Not well | <input type="checkbox"/> Not at all |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|

Are you currently attending Secondary School?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Highest completed school level?

- | | | | |
|----------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Year 9 | <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Year 11 | <input type="checkbox"/> Year 8 or less |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Year 12 | | |

Year of Completion _____

Have you successfully completed any of the following qualifications?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

- | | |
|---|--|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Advanced Diploma & Associate Degree |
| <input type="checkbox"/> Bachelor Degree or Higher Level Degree | <input type="checkbox"/> Other (please specify) _____ |

Employment History

Industry (please tick box)

- | | |
|--|---|
| <input type="checkbox"/> Agricultural, forestry & fishing | <input type="checkbox"/> Financial & insurance services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Rental, hiring & real estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional & scientific technical services |
| <input type="checkbox"/> Electricity, gas, water & waste | <input type="checkbox"/> Administrative & support services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration & safety |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Education & training |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Health care & social assistance |
| <input type="checkbox"/> Accommodation & Food services | <input type="checkbox"/> Art & recreational services |
| <input type="checkbox"/> Transport & postal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information, media & telecommunications | |

Occupation (please tick box)

- | | |
|---|--|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Clerical & administrative workers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> Technicians & trade workers | <input type="checkbox"/> Machinery operators & drivers |
| <input type="checkbox"/> Community & personal service workers | <input type="checkbox"/> Labourers |

Do you consider yourself to have a disability, impairment or chronic illness?

- | | |
|--|--|
| <input type="checkbox"/> Yes - Please tick applicable box(s) below | <input type="checkbox"/> No |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition |

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing/deaf |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other (Please specify) _____ | |

What is your main reason for undertaking this course? (please tick applicable boxes)

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Requirement for my job |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest and development | <input type="checkbox"/> Other reasons (please specify) |

Are you of Australian or Torres Strait Islander Descent?

- | | | |
|--|---|---|
| <input type="checkbox"/> Australian Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Australian Aboriginal & Torres Strait Islander |

Thank you. Please return completed form to reception.