

Registration Form

Client ID.....

Date.....2011 Receipt No.....

Course Name..... Course Date.....

Name:

Address:

Suburb:Postcode:

Telephone: (H)..... (W)..... (M).....

Email Address.....

Emergency ContactPhone

Date of Birth Male / Female

Country of Birth.....

Are you an Australian Citizen or Permanent Resident Yes / No

If not, only holders of Special Category Vista Sub Class 444 East Timorese Asylum seekers or holder of a Temporary Protection Visa are eligible for subsidized training, if you hold one of these visas please provide evidence.

Original sited

Are you a current concession card holder? Yes / No Please circle concession type

- | | | |
|---------------------|------------------------------------|-----------------------------|
| 1. Health Care Card | 2. Job Seeker with concession card | 3. Job Seeker no concession |
| 4. Pensioner | 5. Vet Gold Card | 6. None |

Card Number..... Expiry Date.....

Concession card sited

Are you Aboriginal, Koorie or Torres Strait Islander Origin?

Neither Yes Aboriginal Yes Torres Strait Islander

Study Reason (Please circle)

- | | |
|-------------------------------------|-------------------------------------|
| 1. To get a job | 7. I wanted extra skills for my job |
| 2. To develop my existing business | 8. To get into another course |
| 3. To start my own business | 9. For personal interest |
| 4. To try for a different career | 10. For self development |
| 5. To get a better job or promotion | 11. Other reasons |
| 6. It was a requirement of my job | |

Course Information

I have received course information including course fees, course dates, course pre requisites if any, refunds policy, course cancellations procedures, code of ethics and grievance policies.

Signature:

Photo Release Form

I give permission for Living Learning Pakenham to use any photographic material taken of myself during activities for promotions/advertising and media releases.

(Please circle) YES NO

Signature:

Do you speak a language other than English at home? Please specify.....

Do you speak English 1.Very well 3.Not Well
(Please circle) 2. Well 4.Not at all

Do you consider yourself to have a disability? **Yes / No**

- | | |
|-------------------|------------------------------|
| 1. Hearing | 5. Acquired Brain Impairment |
| 2. Physical | 6. Vision |
| 3. Intellectual | 7. Medical Condition |
| 4. Mental Illness | 8. Other |

Are you still attending secondary school? **Yes / No**

Highest School Level Achieved. (Please circle)

- | | |
|--------------------|------------|
| 1. Year 8 or lower | 4. Year 11 |
| 2. Year 9 | 5. Year 12 |
| 3. Year 10 | |

Highest Tertiary Qualification Achieved (Please circle)

- | | |
|--|---|
| 1. Bachelor Degree or Higher | 5. Certificate III or Trade Certificate |
| 2. Advanced Diploma or Associate Degree | 6. Certificate II |
| 3. Diploma or Associate Diploma | 7. Certificate I |
| 4. Certificate IV or Advanced Certificate/Technician | 8. Certificates other than the above |

Current Employment Status. (Please circle)

- | | |
|---|--|
| 1. Full time employee | 6. Unemployed - seeking full time work |
| 2. Part time employee | 7. Unemployed seeking - part time work |
| 3. Self employed - not employing others | 8. Not employed - not seeking work |
| 4. Employer | 9. Retired |
| 5. Employed - unpaid family worker | |

Privacy Statement

I understand that:

Living Learning Pakenham is required to provide the Victorian Government, through Skills Victoria or 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 (which are available at www.skills.vic.gov.au/corporate/statistics/submitdata).

Skills Victoria and the ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria and 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 Living Learning Pakenham's Privacy Officer on phone number 03 5941 2389 or email linc@linc.com.au. I acknowledge and agree to the terms described in this privacy statement:

Students signature:.....

Payment Details:

Please Note: Bookings will only be made when Registration Form and Payment have been received

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card No. ____ / ____ / ____ / ____	Expiry date: __ / __
Cardholders Name:	Cardholders Signature:
Payment Amount:	