



# MELTON SOUTH COMMUNITY CENTRE INC

PLEASE CONTACT THE CENTRE TO CONFIRM  
YOUR ENROLMENT. ALL FEES TO BE FINALISED  
AT LEAST FIVE DAYS PRIOR TO COMMENCEMENT  
DATE. EFTPOS OR CREDIT CARD NOT AVAILABLE

P.O Box 2010  
26 Exford Road, Melton South, 3338  
Phone: 9747 8576 Fax: 9747 0677  
Email: mscctr@bigpond.net.au  
Web Site: www.meltonsouth.org.au

**COURSE DETAILS:**

**ENROLMENT FORM**

Student No

Title:	Start Date:	End Date:	Time:

**STUDENT DETAILS:**

Are You: Male  Female

Ms/Miss/Mrs/Mr \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Business) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

English Spoken at Home: Yes  No  If No, please specify language spoken: \_\_\_\_\_

How well is English spoken: Very Well  Well  Not Well  Not at all

Are you Aboriginal or Torres Strait Islander Origin: No  Yes, Aboriginal  Yes, Torres Islander

Do you consider yourself to have a disability? Yes  No  Type of disability (Optional) \_\_\_\_\_

Your highest Completed school level: \_\_\_\_\_ Year: \_\_\_\_\_ Still attending Secondary School: Yes

Have you successfully completed any of the following: No  Yes  (please circle)

Bachelor Degree or higher Advanced Diploma or Associate Degree Diploma or Associate Diploma Certificate 1  
Certificate 11 Certificate 111 Certificate IV (or Advanced Certificate Technician) Certificates other than above

Study Reason: (Please circle) (01) To get a job (02) To develop my existing business (03) To start my own business  
(04) To try for a different career (05) To get a better job or promotion (06) Job requirement (07) Extra Skills  
(08) To get into another course or study (11) other reasons (12) Personal interest or self development

Which of the following best describes you?

Full Time Employee  Part Time Employee  Employer  Self Employed  Unpaid family Worker  
Unemployed (seeking part time work)  Unemployed (seeking full time work)  Not seeking work

Pension/Concession

Card Type:

No:



This information is for statistical purposes to help us help you when participating in our classes. You do not have to fill out this information, but your assistance is appreciated. (INFORMATION IS KEPT PRIVATE & CONFIDENTIAL)

**CHILDCARE DETAILS:**

Do you require child minding? Yes  No

Name of Child/Children \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

**PAYMENT DETAILS:**

CLASS FEE: \$	Deposit Paid: \$	Receipt No:
CONCESSION: \$	Deposit Paid: \$	Receipt No:
GST: \$	Deposit Paid: \$	Receipt No:
TOTAL FEE: \$	BALANCE PAID: \$	Receipt No: