



MELTON SOUTH COMMUNITY CENTRE INC.
 41 Exford Road, Melton South 3338 (P.O. Box 2010)
 Phone: (03) 9747 8576 Fax: (03) 9747 0677
 Email: msccentr@bigpond.net.au
 Website: www.meltonsouth.org.au

MSCC No:

ENROLMENT FORM

COURSE TITLE:	Start Date:	End Date:	Time:

STUDENT DETAILS:

Male Female Other Ms/Miss/Mrs/Mr Full name: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____

Phone (Home): _____ (Mobile): _____ (Business): _____

Emergency contact name: _____ Contact's phone number: _____

Date of birth: _____ Country of birth: _____

Are you an: Australian Citizen NZ Citizen Australian Permanent Resident Aboriginal or Torres Strait Islander: Yes No

Is English the language spoken at home: Yes No If no, please specify language spoken: _____

Do you consider yourself to have a disability? Yes No Type of disability (optional): _____

Do you have a condition that may affect your participation in class? Yes No

If yes, what support would you require: _____

Your highest completed school level: _____ Are you still attending secondary school (if 18 years or under): Yes

Have you successfully completed any of the following: Bachelor Degree or higher Advanced Diploma or Associate Degree Diploma
 Certificate I Certificate II Certificate III Certificate IV Other (please specify) _____

Is this qualification: Australian Equivalent International

Reason for study (tick one): To get a job To develop my existing business To start my own business To try for a different career
 To get a better job or promotion Job requirement To get extra skills for my job To get into another course of study

Current employment status (tick one): Full-time employee Part-time employee Self-employed employing others
 Self-employed not employing others Unemployed (seeking full-time work) Unemployed (seeking part-time work)
 Seeking voluntary work

Do you have a current Centrelink concession card? Yes* No Card Type:

***FOR YOUR ENROLMENT TO BE ACCEPTED, A COPY OF YOUR CONCESSION CARD MUST BE ATTACHED TO YOUR ENROLMENT FORM.**

FOR YOUR ENROLMENT TO BE ACCEPTED, A COPY OF YOUR CURRENT MEDICARE CARD MUST BE ATTACHED TO YOUR ENROLMENT FORM.

OFFICE USE ONLY

Medicare Concession Form checked V.C. V.C. SIGHTED INITIAL: _____ DATE: _____

PAYMENT DETAILS:

Full fee: \$	Deposit paid: \$	ALBERT <input type="checkbox"/>	RECEIPT:
Concession: \$	Deposit paid: \$	ALBERT <input type="checkbox"/>	RECEIPT:
TOTAL FEE: \$	BALANCE PAID: \$	ALBERT <input type="checkbox"/>	RECEIPT:

ALL FEES MUST BE FULLY PAID AT LEAST 7 DAYS BEFORE THE START OF YOUR CLASS OR COURSE.



CANCELLATIONS & REFUNDS:

If your course or class is cancelled by the centre due to lack of enrolments or tutor unavailability, a full refund (less any credit card fees) will be given. If the course or class is likely to be offered again in the future, you will be given the option to transfer your enrolment and funds.

If you cancel a course, 5 days notice must be given in order to be eligible for a full refund (less any credit card fees). If adequate notice is not given, class fees will be forfeited.

PRIVACY STATEMENT:

I understand that Melton South Community Centre Inc. is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data. This includes information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (see www.education.vic.gov.au).

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. Any personal information collected by the Department is protected in accordance with the PRIVACY AND PROTECTION ACT 2014 (VIC) and the HEALTH RECORDS ACT 2001 (VIC).

For more information in relation to how student information may be used or disclosed, please contact the Centre Manager on (03) 9747 8576 during business hours.

I declare that the information provided in this enrolment form is true and correct.

I acknowledge and agree to the terms described in the Privacy Statement.

Student signature: _____

Date: _____

Do you wish to receive our program via email each term? Yes No

How did you hear about this course/class?

Email Flyer Website Newspaper Word of mouth Other (please specify) _____