



# MELTON SOUTH COMMUNITY CENTRE INC

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VSN No:
MSCC No:

## ENROLMENT FORM

<b>COURSE TITLE:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Time:</b>

### STUDENT DETAILS:

Male  Female  Other  Ms/Miss/Mrs/Mr \_\_\_\_\_

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

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

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

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

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

Are you: Australian Citizen  NZ Citizen  Australian Permanent Resident

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: Yes  No

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

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

If yes, what support would you require: \_\_\_\_\_

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 (or Trade Certificate) / Certificate IV (or Advanced Certificate/Technician)

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 for my job  
(08) To get into another course of study (11) other reasons (12) Personal interest or self development

Which of the following best describes your current employment status?

Full Time Employee  Part Time Employee  Employer  Self Employed   
Unemployed (seeking part time work)  Unemployed (seeking full time work)   
Seeking voluntary work)  Unpaid family business worker  Not seeking work

Do you have a current concession card? Yes  No

Card Type: (HealthCare/Pensioner/Veteran Gold)	Concession No:	Expiry Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICARE CARD NUMBER	<input type="text"/>	Expiry Date:
	<input type="text"/>	<input type="text"/>

### PAYMENT DETAILS:

<b>CLASS FEE:</b> \$	<b>Deposit Paid:</b> \$	<b>Receipt No:</b>
<b>CONCESSION:</b> \$	<b>Deposit Paid:</b> \$	<b>Receipt No:</b>
<b>GST:</b> \$	<b>Deposit Paid:</b> \$	<b>Receipt No:</b>
<b>TOTAL FEE:</b> \$	<b>BALANCE PAID:</b> \$	<b>Receipt No:</b>
PLEASE TURN OVER		

**CHILDCARE DETAILS (APPLICABLE FOR SOME COURSES)**

Do you require child minding? Yes  No

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

**CANCELLATIONS & REFUNDS**

If your course is cancelled by the Centre due to lack of numbers or tutor unavailability, a full refund (less any credit card fees) will be given.

If you cancel a course, 5 days notice is required for a full refund (less any credit card fees) otherwise 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](http://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 Centre Manager on 03 9747 8576.

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: \_\_\_\_\_

PLEASE CONTACT THE CENTRE TO CONFIRM YOUR ENROLMENT. ALL FEES TO BE FINALISED AT LEAST ONE WEEK PRIOR TO COMMENCEMENT DATE.

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