



MELTON SOUTH COMMUNITY CENTRE INC

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VSN No:
MSCC No:

ENROLMENT FORM

COURSE TITLE:	Start Date:	End Date:	Time:

STUDENT DETAILS:

Male Female Other Ms/Miss/Mrs/Mr Name: _____

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: _____

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: _____ 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 / Certificate I / Certificate II / Certificate III / Certificate IV / Other

Is this Qualification: (1) Australian Qualification (2) Equivalent Qualification (3) International Qualification

Study Reason: (Please circle) (01) To get a job (02) Develop my existing business (03) Start my own business (04) 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

Which of the following best describes your current employment status?

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 Unpaid family business worker

Do you have a current concession card? Yes No

Card Type: (HealthCare/Pensioner/Veteran Gold)

Concession No:

Expiry Date:

Medicare Card No:

Expiry Date:

MEDICARE CARD DETAILS

PAYMENT DETAILS:

FULL FEE:	\$	Deposit Paid:	\$	Receipt No:
CONCESSION:	\$	Deposit Paid:	\$	Receipt No:
		Albert Fee:	\$	
TOTAL FEE:	\$	BALANCE PAID:	\$	Receipt No:
*****PLEASE TURN OVER *****				ALBERT: <input type="checkbox"/>

CHILDCARE DETAILS: (Is possible for some weekday daytime 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).

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: _____

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