

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

ACFE Enrolment Form



MSCC No:

NAME OF COURSE	Start Date	End Date	Time

STUDENT DETAILS

Title	Mr/Mrs/Ms/Miss	Full Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	
Address			
Phone Number		Email Address	

EMERGENCY CONTACT DETAILS

Name			
Phone Number		Relationship to Student	

REQUIRED PARTICIPANT INFORMATION

What country were you born in?		Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Neither	If yes, what language is spoken?	_____
What is your citizenship status?	<input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Australian permanent resident	How well do you speak English?	<input type="checkbox"/> Extremely well <input type="checkbox"/> Well <input type="checkbox"/> Not well
Do you consider yourself to have a disability, impairment or long-term health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a condition that will affect your participation in classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to either or both of the above, please outline the condition/s you live with and the support you would need while visiting the centre (optional)			

Copy of Medicare card attached Yes

CONCESSION DETAILS

Are you claiming any form of concession?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Concession	
Concession Card Number		Concession Expiry Date	
PLEASE NOTE: Concession rates only apply to self-funded enrolments. Agencies or employers providing funding are not eligible to receive concession funding on a student's behalf.			
Copy of concession card attached <input type="checkbox"/> Yes			

PAYMENT INFORMATION (OFFICE USE ONLY)

Full Fee		Deposit Paid		RECEIPT	
Concession Fee		Deposit Paid		RECEIPT	
TOTAL FEE		Balance Paid		RECEIPT	

PAYMENT MUST BE MADE IN FULL NO LATER THAN ONE WEEK BEFORE YOUR COURSE/S BEGIN

