



MELTON SOUTH COMMUNITY CENTRE INC.  
 41 Exford Road, Melton South 3338 (P.O. Box 2010)  
 Phone: (03) 9747 8576 Fax: (03) 9747 0677  
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MSCC No:

**ENROLMENT FORM**

<b>COURSE TITLE:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Time:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE COMPLETE ALL FIELDS IN THIS SECTION**

**STUDENT DETAILS:**

Male  Female  Other  Ms/Miss/Mrs/Mr

First name: \_\_\_\_\_ Family name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Contact's phone number: \_\_\_\_\_

Are you an: Australian Citizen  NZ Citizen  Australian Permanent Resident  Aboriginal or Torres Strait Islander

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 secondary school year 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: To get a job  To develop my existing business  To start my own business  To try a different career   
 To get a better job or promotion  Job requirement  To get extra skills for my job  To get into another course

Current employment status: Full-time employee  Part-time employee  Self-employed  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 MEDICARE AND CONCESSION CARDS MUST BE ATTACHED TO YOUR ENROLMENT.**

**OFFICE USE ONLY**

DOCUMENTATION: Medicare  Concession  Form checked

**PAYMENT DETAILS:**

Full fee: \$	Deposit paid: \$	ALBERT <input type="checkbox"/>	RECEIPT:
Concession: \$	Amount 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 COURSE.**



**CANCELLATIONS & REFUNDS:**

If your course 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 is likely to be offered again in the future, you will be given the option to transfer your enrolment and funds.

If you cancel your enrolment in 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, course 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 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 of courses via email each term? Yes  No

How did you hear about this course?

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