ARARAT NEIGHBOURHOOD HOUSE INC. - Enrolment Form

56 Campbell Street,ARARAT VIC 3377 | Email: reception@araratnh.com | Ph: (03) 5352 1551

This form and payment are required to secure your place in a course.

SECTION A: COURSE DETAILS

Course	Code	Start Date

Have you previously enrolled with Ararat Neighbourhood House? Yes ☐ No ☐

Are you in DHS Housing or a DHS Client? Yes ☐ No ☐

SECTION B: PERSONAL DETAILS

Student Number: _____ VSN: _____

Mr/Mrs/Ms/Miss Surname: _____ Given Name: _____

Former Surname: _____ Preferred Name: _____

Address: _____

Suburb: _____ Post Code: _____

Date of Birth: ____/____/____ Gender: ☐ Female ☐ Male ☐ Not Specified

Home Phone: _____ Mobile: _____ Work: _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____ Ph: _____

Please provide any relevant Medical History: _____

_____

In which town and country were you born? _____

Are you an Australian Citizen? ☐ Yes ☐ No

Do you hold a current Centrelink Concession Card? ☐ **Yes** ☐ **No**
(If Yes, please provide a copy)

Type of Concession: _____ **Card Number:** _____

Expiry Date: ____/____/____

STAFF USE ONLY	
Amount paid $	Receipt Number:
Method of Payment	Payment Plan ☐ Paid in full ☐

ARE YOU AN ABORIGINAL OR TORRES STRAIT ISLANDER?

☐ Yes Aboriginal ☐ Yes Torres Strait Islander ☐ Neither

IS ENGLISH YOUR FIRST LANGUAGE?

Yes ☐ No ☐ If No, what language is spoken at home: _____

How well do you speak English Please tick: ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

DO YOU HAVE A DISABILITY, IMPAIRMENT OR LONG TERM MEDICAL CONDITION?

☐ No (Proceed to the next Section) ☐ Yes (Please tick one or more of the following)

☐ Hearing/Deaf ☐ Physical ☐ Medical Condition

☐ Learning ☐ Intellectual ☐ Acquired Brain Injury

☐ Vision ☐ Mental Illness ☐ Other _____ (Please specify)

QUALIFICATIONS ACHIEVED

What is the highest **COMPLETED** school level?

☐ Completed Year 12 ☐ Completed Year 11 ☐ Completed Year 10

☐ Completed Year 9 ☐ Completed Year 8 or lower

☐ Other (Please specify) _____

Year School Completed _____ Are you still attending High School? Yes ☐ No ☐

PREVIOUS STUDY

Have you successfully completed any of the following qualifications in Australia? If Yes, tick applicable boxes

☐ Certificate I ☐ Certificate IV ☐ Bachelor Degree or Higher

☐ Certificate II ☐ Diploma or Associate Diploma ☐ Other Miscellaneous Education

☐ Certificate III ☐ Advanced Diploma or Associate Degree

PLEASE TURN OVER, COMPLETE REVERSE SIDE AND SIGN

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STUDY REASONS

- ☐ To get a job
- ☐ I wanted extra skills for my job
- ☐ To get a different or better job
- ☐ To get into another course or study
- ☐ Other Reasons
- ☐ To start my own business
- ☐ To develop my existing business
- ☐ It was a requirement of my job
- ☐ For personal development or interest

EMPLOYMENT SITUATION

What best describes your employment situation?

- ☐ Full Time Employee
- ☐ Unemployed—seeking part time
- ☐ Employed—Unpaid Family Worker
- ☐ Self Employed—not employing others
- ☐ Not Stated
- ☐ Employer
- ☐ Part time Employee
- ☐ Unemployed—not seeking employment
- ☐ Unemployed—seeking fulltime

NOTE: To answer the next 2 questions, please refer to the attached sheet for further information regarding your employment situation

Which classification BEST describes your current or recent occupation?

☐ (Place the corresponding number from the attached sheet in this box)

Which classification BEST describes the Industry of your current or previous Employer?

☐ (Place the corresponding letter from the attached sheet in this box)

TRAVEL

How will you travel to Ararat Neighbourhood House?

- ☐ By foot
- ☐ Public Transport
- ☐ Bicycle
- ☐ Other _____
- ☐ Car

PRIVACY STATEMENT

I understand that Ararat Neighbourhood House is required to provide the Victorian Government, through the ACFE Board, with student and training activity data which may include information I provide 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 ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.
For more information in relation to how student information may be used or disclosed please contact Ararat Neighbourhood House's Manager on Ph: (03) 5352 1551 or email: Reception1@Araratnh.com.

CLIENT RIGHTS & RESPONSIBILITIES

As a service user of the Ararat Neighbourhood House, you have the right to expect: To be treated without discrimination; Access to equitable service delivery; Respect for your privacy and dignity; Have your information protected; Choose who your information is shared with; Access to the information we keep about you; Have an advocate present – an advocate is a support person who helps you to explain and say what you want. If you are unhappy with any of our services you have the right to make a complaint. For further information and a copy of our feedback, compliments and complaints form please ask at reception.
As a service user of Ararat Neighbourhood House, you have a responsibility to: Show consideration and respect to all staff, volunteers, clients and visitors. Treat any information that you may become aware of during the course of the activity you are undertaking, concerning Ararat Neighbourhood House, it's staff, volunteers, clients and visitors, with the strictest confidentiality.
Ararat Neighbourhood House is committed to providing a safe environment for all participants and to protecting the best interests of all those involved in its programs.

TERMS & CONDITIONS

By signing this form I hereby accept the terms and conditions of enrolment. I understand that if I withdraw within 2 weeks of commencement I will be given a refund less 10% administrative cost. After this time I will forfeit my fees in total.
Should a class be cancelled by the Ararat Neighbourhood House, a full refund will be given.
I acknowledge that the information provided is correct to the best of my knowledge and agree to the terms described in this enrolment form:

Student signature: _____ **Date:** _____/ _____/ _____

PHOTOGRAPHIC IMAGES, VIDEO IMAGES, WRITING AND QUOTATIONS

I give my consent and approval for the use of my photographic images, video images, writing and quotations, by Ararat Neighbourhood House for promotional activities. I also confirm that no payment or benefit will be sought by me for the use of any of the above by Ararat Neighbourhood House. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

Student signature: _____ **Date:** ____/ _____/ _____

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EMPLOYMENT REFERENCE SHEET

Which of the following classifications BEST describes your current or recent occupation?

1 Managers
2 Professionals
3 Technicians & Trade Workers
4 Community & Personal Service Workers
5 Clerical & Administrative Workers
6 Sales Workers
7 Machinery Operators & Drivers
8 Labourers
9 Other

Which of the following classifications BEST describes the Industry of your current or previous Employer?

A Agriculture, Forestry & Fishing
B Mining
C Manufacturing
D Electricity, Gas, Water & Waste Services
E Construction
F Wholesale Trade
G Retail Trade
H Accommodation & Feed Services
I Transport, Postal & Warehousing
J Information Media & telecommunications
K Financial & Insurance Services
L Rental, Hiring & Real Estate Services
M Professional, Scientific & Technical Services
N Administrative & Support Services
O Public Administration & Safety
P Education & Training
Q Health Care & Social Assistance
R Arts & Recreation Services
S Other Services