



## 2019 Enrolment Form 1

Last Name		First Name (In Full)	
Phone:		Mobile/Other Phone:	
Gender: Male / Female		Date of Birth: (dd/mm/yyyy)	
Post Code:	Address:		
Email Address:		Can we communicate with you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact/Parent/Guardian Information: Name: ..... Relationship:.....:..... Phone:.....			
At PMNC some courses are Government funded. Please ask at reception if this applies to your course. <b>Eligibility for ACFE funded courses</b> To be eligible for a Government funded place, you must meet one of the following residency criteria. Australian Citizen <input type="checkbox"/> Permanent Visa holder <input type="checkbox"/> Temporary Protection Visa <input type="checkbox"/> Visa Sub Class 444 <input type="checkbox"/> East Timorese Asylum Seeker <input type="checkbox"/> None of the Above- Full fee applies <input type="checkbox"/>			
<b>Concession Card:</b> Health Care Card <input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Veterans Gold Card <input type="checkbox"/>			
Are you Indigenous or Torres Strait Islander? Yes No (please circle)			
Language Spoken at home:		Country of Birth:	
How well do you speak English? Very well <input type="checkbox"/> , Well <input type="checkbox"/> , Not well <input type="checkbox"/> , Not at all <input type="checkbox"/> .			
Do you have a permanent disability that may affect your participation in class? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES what support do you require in class?			
Disability Type Hearing <input type="checkbox"/> , Physical <input type="checkbox"/> , Intellectual <input type="checkbox"/> , Learning <input type="checkbox"/> , Acquired Brain Impairment <input type="checkbox"/> , Mental <input type="checkbox"/> , Medical Condition <input type="checkbox"/> , Other: ( <i>specify</i> )			
<b>Education Completed in Australia:</b> <input type="checkbox"/> Certificate I. <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma Level <input type="checkbox"/> Advanced Diploma or Associate degree <input type="checkbox"/> Bachelor Degree or Higher degree level. <input type="checkbox"/> Miscellaneous Education (other than above)			
<b>High School Level Completed:</b> <input type="checkbox"/> Did not go to school <input type="checkbox"/> Yr 8 or lower <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12 Year completed school: 19 _ _		<b>Current Employment Status:</b> ( <i>please circle</i> ) 1. Full time employee 2. Part time employee 3. Self-employed – ( <i>Not employing others</i> ) 4. Employer 5. Employed – Unpaid family worker 6. Unemployed – Seeking full time work 7. Unemployed – Seeking part time work 8. Not employed – ( <i>Not seeking employment</i> )	
<b>For each course in which you enrol, circle the category that best describes your main reason for doing the course.</b>			
1. To get job		5. To get a better job or promotion	11. Other reasons
2. To develop my existing business		6. It was a requirement of my job	12. For personal interest or self-development
3. To start my own business		7. I wanted extra skills for my job	
4. To try for a different career		8. To get into another course of study	
<b>If currently employed</b> <b>Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)</b>			
<input type="checkbox"/> 1 – Managers		<input type="checkbox"/> 6 – Sales Workers	
<input type="checkbox"/> 2 – Professionals		<input type="checkbox"/> 7 – Machinery Operators and Drivers	
<input type="checkbox"/> 3 – Technicians and Trade Workers		<input type="checkbox"/> 8 – Labourers	
<input type="checkbox"/> 4 – Community and Personal Service Workers		<input type="checkbox"/> 9 – Other	
<input type="checkbox"/> 5 – Clerical and Administrative Workers			
<b>Which of the following classifications BEST describes the Industry of your current/previous Employer? (Tick ONE box only)</b>			
<input type="checkbox"/> A - Agriculture, Forestry and Fishing		<input type="checkbox"/> K - Financial and Insurance Services	
<input type="checkbox"/> B - Mining		<input type="checkbox"/> L -Rental, Hiring and real Estate	
<input type="checkbox"/> C - Manufacturing		<input type="checkbox"/> M -Professional, Scientific and Technical Services	
<input type="checkbox"/> D - Electricity, Gas, Water and Waste Services		<input type="checkbox"/> N - Administrative and Support Services	
<input type="checkbox"/> E - Construction		<input type="checkbox"/> O - Public Administration and Safety	
<input type="checkbox"/> F- Wholesale Trade		<input type="checkbox"/> P -Education and Training	
<input type="checkbox"/> G - Retail Trade		<input type="checkbox"/> Q - Health Care and Social Assistance	
<input type="checkbox"/> H - Accommodation and Feed Services		<input type="checkbox"/> R - Arts and recreation Services	
<input type="checkbox"/> I - Transport, Postal and Warehousing		<input type="checkbox"/> S - Other Services	
<input type="checkbox"/> J - Information Media and telecommunications			

**Privacy Statement:** *I understand that:*

SPCC is required to provide the Victorian Government, through Skills Victoria, 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. Skills Victoria may use the information for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I acknowledge and agree to the terms described in this privacy statement:  
I agree to abide by participant guidelines.

I give consent/do not give consent for SPCC to use images and film of me to use for fundraising and promotional purposes. I understand that PMNC is a non-profit organization and that use of photographs will be limited to educational, non-commercial purposes.

**Student Signature:** .....**Date**.....

**Parent / Guardian Signature (if Under 18)** .....**Date**.....

How did you hear about the Centre? (Please tick box) Flyer in letter box , Local Paper , Friend , Passing By , Library , School/Club , Internet , Other (specify) .....

**Answering the following questions is optional. However it will assist the Centre in seeking funding to remain operational and in planning their activities to best suit you.**

How long have you have been living in this area?.....

Have you done a short course before? (circle) Yes / No  
Did you pay Under \$70  \$70-120  \$120-170  \$170+

When would you prefer to do a short course? Daytime   
School Hours  Evenings  Weekends

**Payment Methods if Needed**

- **Cash:** In person at the Centre between Monday to Friday 9.30am – 4.30pm.
- **Cheque or Money Order:** Made payable to Port Melbourne Neighbourhood Centre Inc.
- In person per above hours OR Post to PO. Box 721 Port Melbourne VIC 3207.
- **Direct deposit at any Westpac branch:** Complete a deposit slip & pay teller by cash or **EFT**.
- **Direct deposit via internet/phone banking:** Our account details: Bank: **Westpac**  
Account name: **Port Melbourne Neighbourhood Centre** BSB: **033018** Account number: **239774**

**Please retain a receipt of your direct deposit and attach to provide proof of payment.**

**Membership Benefits**

Would you like to become an associate member of the Port Melbourne Neighbourhood Centre? You will receive newsletter and updates, invitations to events and free access to computer facilities. The cost of this scheme is \$1 per year. Full membership (with voting rights) is also available for \$5/\$2.50 per year.

Signature.....Date.....Membership \$.....Receipt # .....

**Office Use Only** **Class Title:** **Start Date:** **Start Time:** **Cost:**

Copy of Concession Card attached  Receptionist Initials.....

Amount paid \$.....Date paid.....Receipt #.....

Balance Paid \$.....Date ..... Receipt #.....

Comments: .....

**Office Use Only** **Class Title:** **Start Date:** **Start Time:** **Cost:**

Copy of Concession Card attached  Receptionist Initials.....

Amount paid \$.....Date paid.....Receipt #.....

Balance Paid \$.....Date ..... Receipt #.....

Comments: .....

**Cancellation and Refund Policy:**

You must advise the Centre in writing if you want to formally withdraw from your class and be eligible for a refund. Please ask reception for a full copy of the Refund Policy.

- A full refund is made if a course is cancelled by Port Melbourne Neighbourhood Centre.
- Refunds for Government funded places will be in line with government requirements.

For other courses you are able to apply for a Credit Note/transfer provided five working days notice is given. An administration fee of \$10 will apply.