

MILL PARK COMMUNITY HOUSE
COURSE ENROLMENT FORM FOR 2024



NEW/RETURNING STUDENT

Course Name: _____

Learn Local / Recreation

Day/Night: _____ Term 1 2 3 4

Date: _____

Course Cost: _____ Method of payment: _____ Receipt: _____

Funding Source: **Self / Agency** Agency Name: _____

Contact Details: _____

How did you hear about us? _____

Student Details

Male / Female

Name: _____

Address: _____

Postcode: _____ Telephone No: _____ Mobil No: _____

Email Address: Date of birth: / /

CRN Number: _____

Aboriginal ☐ Torres Strait Island origin ☐ Neither ☐

Country of birth _____ Town Born in _____

Language spoken at home: _____

How well is English spoken? ☐ Very Well ☐ Well ☐ Not well ☐ Not well at all

Disability, impairment or long term condition **Yes / No**

Which areas: Hearing/Deaf ☐ Acquired Brain Injury ☐

Physical ☐ Vision ☐

Intellectual ☐ Medical Illness ☐

Learning ☐ Other ☐



Previous further Education:

Are you still attending secondary school: **Yes / No**

School Level – Year 8 9 10 11 12 Year Completed: _____

Previous qualifications achieved:

Yes / No

- | | |
|--|--------------------------|
| Bachelor Degree or Higher Degree | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> |
| Diploma (or Associate Diploma) | <input type="checkbox"/> |
| Certificate IV (or Advanced Certificate/Technician | <input type="checkbox"/> |
| Certificate III (or Trade Certificate) | <input type="checkbox"/> |
| Certificate II | <input type="checkbox"/> |
| Certificate I | <input type="checkbox"/> |
| Certificates other than the above | <input type="checkbox"/> |

- | | | |
|-------------|---|--------------------------|
| Employment: | Unemployed - Seeking full | <input type="checkbox"/> |
| | Unemployed – seeking part-time | <input type="checkbox"/> |
| | Self-employed – not employing others | <input type="checkbox"/> |
| | Employer | <input type="checkbox"/> |
| | Employed - unpaid worker in family business | <input type="checkbox"/> |
| | Not employed – not seeking employment | <input type="checkbox"/> |

Reason for Study:

- | | |
|---|--------------------------|
| To get a job | <input type="checkbox"/> |
| To develop my existing business | <input type="checkbox"/> |
| To start my own business | <input type="checkbox"/> |
| Change of career | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> |
| It was requirement of my job | <input type="checkbox"/> |
| To get into another course of study | <input type="checkbox"/> |
| For personal interest or self-development | <input type="checkbox"/> |



ELIGIBILITY AND STUDENT DECLARATION:

I have sighted the following proof of Residency: ☐ Medicare
☐ Driver's License

STUDENT SCHOOL ATTENDANCE STATUS DECLARATION:

Student Declaration:

I, *(Print your full name)*

In seeking to enroll in:

(Write the full title of course)

Declare the following to be true and accurate:

- I **AM NOT** enrolled in a school, including government, non-government, Catholic, or home school, and I am aged:
 - Over 17 years of age, or
 - Under 17 years of age and have provided Evidence of Exemption by a school principal or Education and Training Regional Director.
- I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview, or other questionnaire.

SIGNED:

DATE:

TRAINING PROVIDER DECLARATION:

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Sections A, B and this form I believe that the above individual satisfies the eligibility criteria set out in 2022 Training Delivery Guidelines.

Authorised Training Provider delegate:

Name: _____

Position: _____

