MILL PARK COMMUNITY HOUSE
COURSE ENROLMENT FORM FOR 2026

NEW/RETURNING STUDENT

Course Name:	Introduction to word	Excel	MYOB
	Medical Administration	Medical Terminology	Yoga
	Meditation	Teen Sew	Kids Sew
	Kids Art	Dressmaking	Patchwork
	Embroidery	Introduction to Floristry	Cake decorating

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	☐
Mental Illness	☐		

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	☐
Advanced Diploma or Associate Degree	☐
Diploma (or Associate Diploma)	☐
Certificate IV (or Advanced Certificate/Technician	☐
Certificate III (or Trade Certificate)	☐
Certificate II	☐
Certificate I	☐
Certificates other than the above	☐

Employment:

Unemployed - Seeking full	☐
Unemployed – seeking part-time	☐
Self-employed – not employing others	☐
Employer	☐
Employed - unpaid worker in family business	☐
Not employed – not seeking employment	☐

Reason for Study:

- To get a job ☐
- To develop my existing business ☐
- To start my own business ☐
- Change of career ☐
- To get a better job or promotion ☐
- It was requirement of my job ☐
- To get into another course of study ☐
- For personal interest or self-development ☐
- Other reasons ☐

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
  - Under17 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: _____

Signed: _____ _____ Date: ___/___/_____