



2020 PRE-ACCREDITED COURSE ENROLMENT FORM

Course Name					
Course Day, Date and Time		Course Code <i>(office use only)</i>			
STUDENT PERSONAL DETAILS (PLEASE PRINT)					
Name					
Address					
Postal Address <i>(if different from above)</i>					
Home Number		Mobile			
Email Address					
	<input type="checkbox"/> I do not wish to receive emails from Clota Cottage				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex /Unspecified/ Indeterminate		
Dare of birth	___ / ___ / ___	Phone			
		Home	Mobile		
Emergency Contact Name		Contact Number			
If you are employed or have recently been employed which BEST describes your current or recent industry of employment					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Agriculture, Forestry or Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Water, and Waste Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Transport, Postal and Warehousing </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Information Media and Telecommunications <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Administration and Support Services <input type="checkbox"/> Education and Training <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts and Recreation Services <input type="checkbox"/> Other Services </td> </tr> </table>				<input type="checkbox"/> Agriculture, Forestry or Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Water, and Waste Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Transport, Postal and Warehousing	<input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Information Media and Telecommunications <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Administration and Support Services <input type="checkbox"/> Education and Training <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts and Recreation Services <input type="checkbox"/> Other Services
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If you are employed or have recently been employed which BEST describes your current or recent occupation	
<input type="checkbox"/> Manager	<input type="checkbox"/> Clerical and Administrative Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Technicians and Trades Workers	<input type="checkbox"/> Machinery Operators and drivers
<input type="checkbox"/> Community and Professional Service Workers	<input type="checkbox"/> Labourers
In which country were you born?	<input type="checkbox"/> Australia
	<input type="checkbox"/> Other (Name of country)
Are you of Aboriginal or Torres Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes Torres Strait Islander
	<input type="checkbox"/> Yes Aboriginal <input type="checkbox"/> Both
Do you speak a language other than English At home?	<input type="checkbox"/> English only Main Language spoken at home:
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(if YES then tick any applicable boxes)</i>	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other
What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school
Which YEAR did you complete that school level?	List year _____ Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed any qualification or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you complete that qualification or certificate in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victorian Student Number (VSN) if known	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you attended any Victorian Secondary School or done any VET training since 2011?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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If yes, name of most recent secondary school attended and / or The most recent training organisations with which you have undertaken training since 2011		
(If YES then tick ANY applicable boxes)		
<input type="checkbox"/> Bachelor degree or higher	<input type="checkbox"/> Certificate III (trade Certificate)	
<input type="checkbox"/> Advanced Diploma or Associate degree	<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate III	
<input type="checkbox"/> Certificate IV (or Advanced Certificate / Technician)	<input type="checkbox"/> Certificate other than the above	
Did you complete this course in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Of the following which BEST describes your employment status?		
<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Employed – unpaid worker in a family business	
<input type="checkbox"/> Part-time employment	<input type="checkbox"/> Unemployed – seeking full-time work	
<input type="checkbox"/> Self-employed not employing others	<input type="checkbox"/> Unemployed – seeking part-time work	
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment	
From the list below choose the option which BEST describes your main reasons for undertaking this course?		
<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job	
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For personal reasons or self-development	
<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> Other reasons	
How did you hear about this course?		
<input type="checkbox"/> Advertising / local paper	<input type="checkbox"/> Past or current student	
<input type="checkbox"/> Website	<input type="checkbox"/> Word of mouth	
<input type="checkbox"/> Facebook page	<input type="checkbox"/> Whitehorse Houses Marketing	
<input type="checkbox"/> Brochure	<input type="checkbox"/> Agency referral	



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Privacy Statement

Under the *Data Provision Requirements 2012*, **Clota Cottage Neighbourhood House** Inc. is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **Clota Cottage Neighbourhood House** for statistical, administrative, regulatory and research purposes. **Clota Cottage Neighbourhood House** may disclose your personal information for these purposes to:

Commonwealth and State or Territory government departments and authorised agencies; and NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

populating authenticated VET transcripts;

facilitating statistics and research relating to education, including surveys and data linkage;

pre-populating RTO student enrolment forms;

understanding how the VET market operates, for policy, workforce planning and consumer information; and

administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

I acknowledge that I have read the Victorian Government's VET Student Enrolment Notice

Clota Cottage's privacy policy is available on our website:
<http://www.clotacottage.org.au/files/Privacy%20Policy.pdf>

Signed:	Date	-----/-----/-----
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Fees and Charges (Office to complete)

<input type="checkbox"/> ACFE Funded	<input type="checkbox"/> ACFE funded (Concession)	<input type="checkbox"/> Fee for Service
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Tuition Fee	\$	Amenities Fee	\$	Resource Fee	\$
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Total Fee: \$	<input type="checkbox"/> Student paying	<input type="checkbox"/> Third Party
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If Third Party to be invoiced

Name on invoice	
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Invoice Contact Name	
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Invoice Contact Details	
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