



OFFICE USE ONLY				
Receipt No				
Term	1	2	3	4
Wise.Net (Entered date)	____/____/____			
Register No.				
Concession	YES Copy Attached		NO	

Registration Form for The Centre's Participants

Program

SPRING FLING FESTIVAL

Code (office use only)

Gender (Please Tick One Box Only)

Male Female

Title (Please Tick One Box Only)

Mr Miss Mrs Ms Other _____

Last name (family name or surname)

First name

Middle Name

Preferred Name

Date of Birth (DD/MM/YYYY) / /

Contact Details

Home (Tel)

Work (Tel)

Mobile

Email

Current residential address

Flat/Unit No. Street No.

Street Name

Suburb Postcode

Postal address (leave blank if same as above)

Flat/Unit No Street No

Street Name

Suburb Postcode

Emergency contact

Emergency Contact Name

Relationship to Applicant

Contact Phone Number

Address (leave blank if same as participant's address)

Street

Suburb

Postcode

Do you have any medical conditions we should know about?

Food Allergies / Restrictions

I consent to The Centre seeking medical assistance if required?

Yes No

Background

Are you a permanent resident of Australia? Yes / No

Country of Birth:

First Language:

Other languages spoken:

How well do you speak English?

Very Well Well Not Well Not at all

Are You? (Please tick the box who best describe you)

- Are you Aboriginal?
- Are you a Torres Strait Islander?
- Are you Aboriginal and a Torres Strait Islander?
- No, I am Neither

How did you hear about us?

- North and West Melbourne News
- Brochure
- Website
- Friend
- Job agency
- Other (Please specify)



Demographic – Mandatory information for funding agency reporting

All questions must be answered by The Centre Participates

Employment

Which of the following best describes your current employment status?

<input type="checkbox"/>	Full-time employee
<input type="checkbox"/>	Part-time employee
<input type="checkbox"/>	Self-employed (not employing others)
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Employed – unpaid worker in a family business
<input type="checkbox"/>	Unemployed – seeking full-time work
<input type="checkbox"/>	Unemployed – seeking part-time work
<input type="checkbox"/>	Not employed – not seeking employment (including retired and under 16 years of age)

Which of the following best describes why you would like to join this program?

<input type="checkbox"/>	To get a job
<input type="checkbox"/>	To develop my existing business
<input type="checkbox"/>	To start my own Business
<input type="checkbox"/>	To try a different career
<input type="checkbox"/>	To get a better job or promotion
<input type="checkbox"/>	It was a requirement of my job
<input type="checkbox"/>	I wanted extra skills for my job
<input type="checkbox"/>	For personal interest
<input type="checkbox"/>	For self development
<input type="checkbox"/>	Other reason _____

Education

Are you still attending Secondary School? YES / NO

What is your Highest school level completed?

<input type="checkbox"/>	Year 8 or lower
<input type="checkbox"/>	Year 9 or equivalent
<input type="checkbox"/>	Year 10
<input type="checkbox"/>	Year 11
<input type="checkbox"/>	Year 12
<input type="checkbox"/>	Did not attend school

In which year did you complete that school level?

Have you completed any of the following qualifications?

<input type="checkbox"/>	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 Technical Certificate
<input type="checkbox"/>	Certificate III or Trade Certificate
<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Any other Certificate

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?

<input type="checkbox"/>	YES*	*If Yes, please indicate the area of disability, impairment or long-term condition
<input type="checkbox"/>	NO	

<input type="checkbox"/>	Hearing / Deaf
<input type="checkbox"/>	Physical
<input type="checkbox"/>	Intellectual
<input type="checkbox"/>	Mental
<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Other _____

Concession

Do you hold any of the following Health care cards?

<input type="checkbox"/>	New start allowance
<input type="checkbox"/>	Aus study
<input type="checkbox"/>	Pensioner concession
<input type="checkbox"/>	Veteran's Gold
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	None

If you are aged 24 or below at the time of enrolment please provide us with your Victorian Student Number

<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"/>
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STUDENT DECLARATION

I have honestly and accurately provided information contained on this enrolment form. I understand any offer or any subsequent registration made on the basis of false or misleading information may be withdrawn.

I grant permission / **I do not grant permission** to The Centre, its employees and agents, to take and use visual/audio images of myself or my child. I release The Centre, its employees and agents, including any firm authorised to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection of the images or printed material used with the images. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I agree to abide by the code of conduct.

Signature _____ Date _____