

# Enrolment form



## OFFICE USE ONLY

ACFE funded

Non-ACFE funded

Client Number

*An enrolment cannot be accepted unless all pages of this form are filled in. This is a requirement of The Centre.*

58 Errol Street, North Melbourne 3051

Tel. 9328 1126

Fax. 9328 4812

Email – [admin@centre.org.au](mailto:admin@centre.org.au)

*All students or participants are required to abide by The Centre's Code of Conduct.*

*People who breach the Code of Conduct may have their enrolment cancelled without refund and be excluded from other Courses or Activities of The Centre. A copy of the Code of Conduct is available at The Centre.*

## Personal Details

Course or Activity ..... Term .....

Title (Ms/Mr/Mrs).....First Name.....Family Name.....

Business Name.....

Postal Address .....

Suburb ..... Postcode .....

Residential Address (or As Above) .....

Town ..... Postcode .....

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

Phone Home ..... Business .....

Mobile ..... Email .....

## Medical Conditions and Emergency Contact

Do you have any medical conditions we should know about? .....

.....

Food Allergies / Restrictions .....

Emergency Contact Name ..... Contact Phone Number .....

Relationship to you .....

## Cultural Background

Country of birth ..... First Language.....

Other Languages Spoken.....

How well do you speak English?

Very Well

Well

Not Well

Not at All

Are you Aboriginal?  Yes  No

Are you a Torres Strait Islander?  Yes  No

### Employment

Which of the following best describes your current employment status?

- Full Time  Part Time  Self employed not employing others  
 Employed, unpaid family worker  Employer  Unemployed, seeking full time work.  
 Unemployed seeking part time work  Unemployed, not seeking work

### Disability

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

- Hearing / Deaf  Physical  Intellectual  
 Mental Illness  Acquired Brain Impairment  Vision  
 Medical Condition  Other

### Education

What is your highest completed school level?

- Year 12  Year 11  Year 10  
 Year 9 or Equivalent  Year 8 or Lower  Did not go to school

In which year did you complete that school level? .....

Are you still attending secondary school? .....

Have you completed any of the following qualifications?

- Bachelor Degree or Higher Degree  Advanced Diploma or Ass. Degree  Diploma or Associate Diploma  
 Certificate IV or Technical Cert.  Certificate III or Trade Certificate  Certificate II  
 Certificate I  Any other Certificate

### Concession

Will you be applying for a concession for this course? If yes what type of concession .....

How did you hear about us?

- North and West Melbourne News  Brochure  Website  
 Window display  Other, please state.....

**For Children Under 16 Years**  
**PERSON AUTHORISED TO COLLECT CHILD**

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Full Name .....

Relationship to child .....

Street (or Postal) Address .....

Suburb .....Postcode .....

Phone Home ..... Business.....

Mobile.....

**PARENT OR GUARDIAN CONSENT**

I, ..... (*your name*) give consent for my child, .....

(*name of child*) to participate in .....(*name of course or activity*) at The

Centre, 58 Errol Street, North Melbourne. I understand that light snacks may be served and I have notified The

Centre of any food allergies my child may have.

**MEDIA CONSENT**

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*Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips.*

*(Please tick)*

I 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 and 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 with the taking of use 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 do not grant permission to The Centre, its employees and agents, to take and use visual/audio images of myself or my child.

I have read this release before signing. I understand its content, and freely accept the terms.

**Please sign to confirm your enrolment**.....Date .....

*(Must be signed by a parent or guardian for children under 16.)*