



15 Chelsea Road
 Chelsea Vic 3196
 Ph: 9776 1386
 ABN 29 756 088 003
 Reg. No. A0016717P

Enrolment Form 2018

<i>office use only</i>			
F/D		M/L	
Date	/	Date	/

www.longbeachplace.org.au
admin@longbeachplace.org.au

Please answer all questions.				
Longbeach PLACE Inc is required to provide the Victorian Government, through Skills Victoria, and the ACFE Board, with student and training activity data which may include information I provide in this enrolment form.				
Personal Details	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	First legal name: <i>please print clearly</i>	Surname:	Date of Birth:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Address:		
		Suburb:	Postcode:	
	Home phone:		Mobile:	
	Email:		Would you like us to send you our next brochure in the mail? (Brochure is also available on our website) <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Emergency contact name:		Phone:	
	Relationship to you:		Mobile:	
Concession Cards				
Centrelink CRN: (customer reference number)		Card Type: e.g: PPS, NS, DSP		
<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"/>		_____ Card Expiry Date: / /		
Australian Citizen Check	To be eligible for an ACFE funded course at Longbeach PLACE, you must tick one of the following boxes and provide evidence (otherwise fee for service costs will apply)			
	RULES FOR GOVERNMENT FUNDING			
	To receive Australian Government Funding please provide original documentation for us to copy and retain (the copy) for audit purposes.			
	<input type="checkbox"/> I am an Australian Citizen* <input type="checkbox"/> I am an Australian Permanent resident* (holder of a permanent Visa) <input type="checkbox"/> I am the holder of a special category visa* (sub class 444, New Zealand Citizen) <input type="checkbox"/> I am an East Timorese Asylum Seeker*			
	*Please provide one of the following accepted forms of evidence: <input type="checkbox"/> Green Medicare Card <input type="checkbox"/> Visa details <input type="checkbox"/> Citizenship letter			

Language & Culture

What country were you born in? _____

What Language do you speak at home? _____

How well do you speak English? *Very well* *Well* *Not well* *Not at all*

Do you have any difficulty with the English Language? Yes No
(If appropriate place tick relevant box to identify where you have difficulty)

Reading Writing Speaking

Are you of Aboriginal origin? *No* *Yes*

Are you a Torres Strait Islander? *No* *Yes*

Are you of Aboriginal and Torres Strait Islander origin? *No* *Yes*

Student Support

Do you consider yourself to have a disability? *No* *Yes* *If yes, please tick – You may tick more than one*

Vision *Hearing/Deaf* *Intellectual* *Acquired Brain Impairment*

Mental Illness *Learning* *Physical* *Medical Condition*

Do you have a condition that may affect your participation in class? *No* *Yes*

If you have any needs that would cause a barrier to your learning or assessment, please let us know. We will work with you to identify what reasonable adjustments or flexibility you may need to participate.

If yes, what support would you require? _____
(eg: I need wheelchair access)

Victorian Student Number

To be completed by all students aged up to 26 years

Have you attended any Victorian school since 2009 or done any training with a vocational education & training (VET) registered training organisation or an Adult and community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011

Yes – I have attended a Victorian school since 2009.
The most recent school you attended was _____

Please insert you Victorian Student number if known

Students who are enrolling for the first time since the VSN number was introduced will be provided with one

Are you still attending a Secondary School ? No Yes

What year did you leave Secondary School? eg: 1972 _____

What level did you complete at Secondary School?

- Did not go to School Year 9 or equivalent Year 11
 Year 8 or below Year 10 Year 12

Have you successfully completed any of the following qualifications in AUSTRALIA?

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

What kind of qualification do you hold?

- Australian Qualification (A) Australian Equivalent (E)
 International (I)

Of the following categories, which one BEST describes your current employment status?

- Full Time employee Employed – unpaid family worker
 Part Time employee Unemployed – seeking full time work
 Self Employed - with no employees Unemployed – seeking part time work
 Employer Unemployed

If employed, in which industry area are you currently employed?

- Agriculture, Forestry & Fishing (A) Mining (B)
 Manufacturing (C) Electricity, Gas, Water & Waste Services (D)
 Construction (E) Wholesale Trade (F)
 Retail Trade (G) Accommodation & Food Services (H)
 Transport, Postal & Warehouse (I) Information, Media & Telecommunication (J)
 Financial & Insurance Services (K) Rental, Hiring & Real Estate Services (L)
 Professional, Scientific & Tech. Services (M) Administrative & Support Services (N)
 Public Administration & Safety (O) Education & Training (P)
 Health Care & Social Assistance (Q) Arts & Recreation Services (R)
 Other Services

Occupation Type Identified:

- Manager (1) Professionals (2)
 Technicians & Trade Workers (3) Community & Personal Services (4)
 Clerical & Administrative Worker (5) Sales Worker (6)
 Machinery Operator & Driver (7) Labourer (8)
 Other (9)

Of the following categories, which one best describes your main reason for attending?

- | | |
|---|--|
| <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 start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal reasons |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For self-development |

Where did you find out about this course?

- | | |
|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Work |
| <input type="checkbox"/> Job Agency | <input type="checkbox"/> Longbeach PLACE Website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Longbeach PLACE Facebook page |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Longbeach PLACE Brochure |
| <input type="checkbox"/> Other (please specify) | |

Membership Fees:

It is a Governance Committee policy that all participants pay an annual membership fee of \$10.00 upon their first enrolment for the calendar year (Jan 1st - Dec 31st) with an option of applying for a voting membership. Annual Membership Fee is non-refundable.

- I wish to apply for voting membership (information is available at reception)**

Payments:

Payments must accompany completed registration form with evidence of residency to confirm place. Early enrolment is essential. Enrolments close when classes are filled. Classes will commence on the date shown unless otherwise notified.

Refunds:

Please choose your course carefully. Longbeach PLACE is not responsible for changes in your circumstances.

A refund will be issued if at least five (5) working days' notice is given prior to the course start date. An administration fee of \$10 will apply and be deducted from the refund. In the event that Longbeach PLACE has to cancel a course due to low enrolments, you will be notified prior to the start date and a full refund will be issued as soon as possible. If Longbeach PLACE defers a course and the new dates are not suitable, a full refund will be issued. **Please Note: NO REFUND OR TRANSFER will be available after a course has started** (due to our Not-for-Profit status).

Privacy Statement:

I understand that: Longbeach PLACE Inc is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (Which are available at <http://www.education.vic.gov.au/training/organisations/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

Longbeach PLACE Inc will not give personal information about you to anyone else without your written permission. This is the law known as the Privacy Act (2001).

The Education and Training Reform Act 2006 requires Longbeach PLACE Inc to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register (applies to persons aged 26 and under).

For more information in relation to how student information may be used or disclosed please contact Longbeach PLACE Inc Privacy Officer on phone 9776 1386 or email admin@longbeachplace.org.au

Signature & Declaration

- If there is an emergency I allow those in charge to make decisions for my safety or well-being, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Longbeach PLACE Inc. will let me know about any planned excursions.

- I acknowledge and agree to the terms described in this privacy statement.
- I understand that Longbeach PLACE has a Privacy and Grievance Policy and is committed to keeping personal information secure. Students may access the Privacy and Grievance Police from the Longbeach PLACE website, and may access their personal records upon request.
- I have read and understood the refund policy and I agree to abide by the Member’s Code.
- I declare that all the information I have provided on this form is true and correct.

I DO/DO NOT

Allow photographs/videos of me to be taken, or any of the written work that is completed as part of my classes at Longbeach PLACE, to be used for display on TV screens, web pages or CD’s, brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

Student signature: **Date :** / /

Applicant Under 18 Years of Age

Parent/Guardian Name:

Parent/Guardian Signature: **Date:** / /

Third Party Payment

Are we invoicing another Agency / Organisation for your course fees ? **Yes** **No**

Name of Organisation: _____

Address: _____

Contact Person: _____ Phone: _____

Office Use Only

Date:	Course/Activity:	Start date:	Code:	Amount Paid:	Rec.No. (or CC)	Entered on places list	Class on FD	Fees entered	Amount Owning
	Membership Fee								