



Byron Region Community College Inc

ENROLMENT FORM

| OFFICE USE ONLY | |
|------------------|---|
| Date..... | |
| Provisional..... | <input type="checkbox"/> |
| CAS..... | <input type="checkbox"/> |
| Info Sent.... | <input type="checkbox"/> Extra info..... <input type="checkbox"/> |
| Payment..... | <input type="checkbox"/> |
| Job Network..... | <input type="checkbox"/> |

Surname.....

Given Name

Postal Address

.....

Postcode Phone Home

MobileWork.....

Email.....

Date of Birth Male Female

Are you claiming a concession? Yes No

Card Number :.....

| Course No | Course Name | Fee |
|-------------------|-------------|-----|
| | | |
| | | |
| | | |
| | | |
| Total Course Fees | | \$ |

Please tick your method of payment:

Cash Cheque Money Order Bankcard Mastercard Visa

Credit Card No:.....

Expiry Date..... /.....

Signature

Name on Card

STUDENT DETAILS: Please complete all 7 sections as Federal Government requirement for statistic collection.

1. REASON FOR STUDY: Work Recreation

2. LANGUAGE & CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

In which country were you born? Australia – Please Tick

Other Please specify.....

Do you speak any language other than English at home?

No Yes (if more than one language, please indicate the one spoken most).....

How well do you speak English? – Please Tick

Very Well Well Not Well Not at All

3. DISABILITY

Do you consider your self to have a disability, impairment or long term condition? Yes No

If Yes, then please indicate the areas below. You may indicate more than one area: Hearing/Deaf Physical Intellectual Learning Mental Illness Acquired Brain Impairment Vision Medical Condition Other

4. SPECIAL NEEDS

Do you have any special needs that we should know about in order to facilitate your participation in this course(s)?

Yes No

May our Special Needs Co-ordinator call you to discuss these needs? Yes No

5. EMPLOYMENT

Of the following categories, which BEST describes your current employment status? - Tick ONE Box

Full- Time Employee Part-Time Employee

Self Employed - Not Employing Others Employer

Employed - Unpaid Worker in a Family Business

Unemployed - Seeking Full Time Work

Unemployed - Seeking Part-Time Work

Not Employed - Not Seeking Employment

6. PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following?

Bachelor Degree or Higher Degree

Advanced Diploma or Associated Degree

Diploma or Associated Diploma

Certificate IV (or Advanced Certificate/Technician)

Certificate III (or Trade Certificate)

Certificate II

Certificate I

Certificates other than the above

7. SCHOOLING

What is your highest COMPLETED school level - Please Tick

Year 12 Year 11 Year 10 Year 9 or lower

In which YEAR did you complete that school level?

Are you still attending secondary school? Yes No

8. USE OF DATA

DO YOU CONSENT TO BEING CONTACTED BY THE DEPARTMENT OF EDUCATION AND TRAINING FOR RESEARCH AND SURVEY PURPOSES: YES NO