



OFFICE USE ONLY: Enrolled _____ Date ____/____/____
ID No _____ DB <input type="checkbox"/> NEWSLETTER <input type="checkbox"/> USI: _____

**SUSSEX NEIGHBOURHOOD HOUSE**  
7 Prospect St. PASCOE VALE VIC. 3044

**PRE-ACCREDITED ENROLMENT FORM 2019**

Enrolment & payment for programs to be made at 7 Prospect Sty Pascoe Vale Vic 3044  
Phone: 9354 2210 Email: enquiries@sussexnh.org.au Website: www.sussexnh.org.au  
**Office hours: 8.30am-4.30pm Monday to Friday.**

PERSONAL DETAILS					
First Name			Surname		
<input type="checkbox"/> Male	Date of Birth / /	Is participant under 16 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female		If, yes, parent or guardian please complete form and ask for a copy of Consent for Medical Emergency.			
<input type="checkbox"/> Other					
Phone - Home		Mobile		Work	
Address					
Suburb		Postcode		Email	
Emergency Contact Person (full name)			Relationship		
Emergency Contact Number					
Do you have a concession card? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type: ..... Expiry Date: ..... Concession No:..... Sighted:					
PHOTO CONSENT					
Sussex Neighbourhood House use photos of individuals and their activities in promotions and advertising, which may include newsletters, posters, local newspapers, websites, social media and other opportunities to promoting Sussex Neighbourhood House in printed and electronic formats.					
I give <input type="checkbox"/> I do not give <input type="checkbox"/> my consent to Sussex Neighbourhood House to collect and disclose photographs/images of and by <u>myself / my child</u> for the purpose of promoting Sussex Neighbourhood House					
PROGRAM DETAILS					
Name of Program	Start Date & Start Time	Fee Payable	Receipt #		
Referring Agency:					
Ph No:		Email:			

As a recipient of Government funding for training we are required to ask students for information. This information is required by Sussex Neighbourhood House (SNH) and funding bodies for statistical collection and remains confidential v17.12.18

## IMPORTANT INFORMATION

### CONCESSIONS

- Concessions are available to holders of a current Centrelink benefit or pension card holders and DVA Gold Card for certain programs.

### CLASS CANCELLATIONS

- Any program may be cancelled 3 working days before the start date if the minimum number of paid enrolments has not been received.
- Participants enrolled in a cancelled program will be notified and fully refunded.

### REFUNDS

- Participants who withdraw from a program 7 days before the commencement date of the program must request a refund in writing. Within 7 days of the commencement date of a program and once the program has commenced requests for refunds will be only be considered where the student provides special circumstances in writing.
- If, in its discretion Sussex Neighbourhood House decides to allow a refund, an Administration Fee of \$20 per program will be retained.

### COMMUNICATION

- SNH may email information and/or Guide about courses from time to time. If you do not wish to receive electronic communication please tell us.

**PAYMENTS** can be made in person or over the phone with a credit card (eftpos available). Cheques to me made out to Sussex Neighbourhood House Inc. Invoice requests from Job Networks will incur an administration fee of \$35.

**STUDENT CODE OF CONDUCT & PRIVACY POLICY:** available from the office

**Were you born in Australia?** Yes  No  **please specify: Country**.....

**Are you an Australian Citizen or Permanent Resident?** Yes  No

**Are you of Aboriginal and/or Torres Strait Islander origin?** Aboriginal  Torres Strait Islander  Both  Neither

**Do you speak a language other than English at home?** Yes (other) .....  No (only English)

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

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

If yes, please tick below:

Hearing/Deaf  Acquired Brain Impairment  Mental Illness  Physical  Vision  Learning

Medical Condition  Autism Spectrum Disorder  Intellectual  Unspecified  Other

**Do you need advice on support services, equipment and/or facilities?** Yes  No

**Are you still attending secondary school?** Yes  No

**Schooling level completed?**

Year 12  Year 11  Year 10  Year 9  Year 8 or lower  Did not go to school

**In which year did you complete that schooling level?** .....

**Please tick the box that *BEST* describes your reason for undertaking this course/program**

Get a Job  Was a requirement of my job  Develop my existing business  I wanted extra Skills for my job

Try for a different career  Start my own business  To get into another course or study  Get a better job or promotion

Personal interest / self-development  Other reason

**Please tick the box that *BEST* describes your current employment status?**

Full time employee  Part time employee  Self-employed (not employing others)  Employer

Unemployed seeking full-time work  Unemployed seeking part-time work  Employed unpaid work in family business  Not seeking work

**Have you successfully completed any of the following qualifications?** Yes  No

	A	E	I	
<input type="checkbox"/>				Batchelor 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 Advanced Certificate/Technician)
<input type="checkbox"/>				Certificate III (or Trade Certificate)
<input type="checkbox"/>				Certificate II
<input type="checkbox"/>				Certificate I
<input type="checkbox"/>				Certificates other than the above

If yes, please enter **one** of these Prior Education Achievement Recognition Identifiers **any** applicable qualification level.

**A** = Australian  
**E** = Australian Equivalent  
**I** = International

Note: if you have multiple Prior Education Achievement Recognition Identifiers, use the following priority order to determine which identifier to use:

1. A= Australian
2. E= Australian Equivalent
3. I= International

Which of the following classifications **best** describes your **current or recent occupation**?

- 1 – Managers
- 2 – Professionals
- 3 – Technicians and Trade Workers
- 4 – Community and Personal Service Workers
- 5 – Clerical and Administrative Workers
- 6 – Sales Workers
- 7 – Machinery Operators and Drivers
- 8 – Labourers
- 9 – Other

Which of the following classifications **best** describes the industry of your **current or previous employer**?

- |  |   |
|--|---|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing               | <input type="checkbox"/> B - Mining                                     |
| <input type="checkbox"/> C - Manufacturing                                   | <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> E - Construction                                    | <input type="checkbox"/> F - Wholesale Trade                            |
| <input type="checkbox"/> G - Retail Trade                                    | <input type="checkbox"/> H - Accommodation and Food Services            |
| <input type="checkbox"/> I - Transport, Postal and Warehousing               | <input type="checkbox"/> J - Information Media and telecommunications   |
| <input type="checkbox"/> K - Financial and Insurance Services                | <input type="checkbox"/> L - Rental, Hiring and real Estate Services    |
| <input type="checkbox"/> M - Professional, Scientific and Technical Services | <input type="checkbox"/> N - Administrative and Support Services        |
| <input type="checkbox"/> O - Public Administration and Safety                | <input type="checkbox"/> P - Education and Training                     |
| <input type="checkbox"/> Q - Health Care and Social Assistance               | <input type="checkbox"/> R - Arts and recreation Services               |
| <input type="checkbox"/> S - Other Services                                  |   |

**What type of concession type applies to you?**

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| Family allowance suppl. <input type="checkbox"/>  | Youth allowance <input type="checkbox"/>    | Widow allowance <input type="checkbox"/>      | Age <input type="checkbox"/>        |
| Parenting Payment single <input type="checkbox"/> | Wife Pension <input type="checkbox"/>       | Mature age allowance <input type="checkbox"/> | Carer's <input type="checkbox"/>    |
| Sickness Allowance <input type="checkbox"/>       | Newstart allowance <input type="checkbox"/> | Disability Support <input type="checkbox"/>   | Low Income <input type="checkbox"/> |
| Newstart mature age <input type="checkbox"/>      | Partner allowance <input type="checkbox"/>  | Special Benefit <input type="checkbox"/>      |                                     |

### Privacy Statement:

I understand that **Sussex Neighbourhood House (SNH)** is required to provide the Victorian Government, through the ACFE Board, 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 (see [www.education.vic.gov.au](http://www.education.vic.gov.au)).

The ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact **SNH** on phone 9354 2210 or email [enquiries@sussexnh.org.au](mailto:enquiries@sussexnh.org.au)

I acknowledge and agree to the terms described in this privacy statement:

### Student/Participant Declaration

I have read and accept the Conditions of Enrolment at Sussex Neighbourhood House Inc, including the Privacy Statement and Payment Details (including Refunds). I declare that the information I have provided on this form, is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(participant, parent, guardian or carer to sign)