

# ENROLMENT FORM



The following information is required by organisations receiving Government Funds. All information herein is confidential and will only be used for Government purposes and to plan future courses. Darley Neighbourhood House and Learning Centre is committed to ensuring the confidentiality of information provided by students. We thank you for your assistance.

## COURSE DETAILS

**Course Name:**  **Date:**  /  /

**Course Fee:** \$  **Course Code:**

## STUDENT PERSONAL DETAILS

**Family Name:**  **Date:**  /  /

**Given Names:**

**Preferred Name:**

**Date of Birth:**    **Sex:** Male  Female  Other

**Address:**

**Suburb/Town:**  **Postcode:**

**Home Phone:**  Silent  **Mobile Phone:**

**Email Address:**

Are you of **Aboriginal or Torres Strait Islander** origin?  
(For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.)

Yes,  Aboriginal    Yes,  Torres Strait Islander    No

**In which country were you born?**

Australia  Other – please specify

**Language spoke at home:** English  Other

**Of the following categories, which ONE best describes your current employment status?**

|                                      |                          |                                       |                          |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Full-Time Employee                   | <input type="checkbox"/> | Employed – unpaid family worker       | <input type="checkbox"/> |
| Part-time Employee                   | <input type="checkbox"/> | Unemployed – seeking full-time work   | <input type="checkbox"/> |
| Self Employed – not employing others | <input type="checkbox"/> | Unemployed – seeking part-time work   | <input type="checkbox"/> |
| Employer                             | <input type="checkbox"/> | Not employed – not seeking employment | <input type="checkbox"/> |

Do you consider yourself to have a disability or impairment? Yes  No

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

### EMERGENCY CONTACTS

1. **Name:**  **Home Phone:**  **Silent**   
  
**Relationship:**  **Mobile Phone:**   
 **Work Phone:**  **Ext:**

### Privacy Statement

I understand that:

Darley Neighbourhood House and Learning Centre is required to provide the Victorian Government, through Skills Victoria of 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 Student Statistical Collection Guidelines(which are available at [www.skills.vic.gov.au/corporate/statistics/submit\\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data))

Skills Victoria and the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.

For more information in relation to how student information may be used or disclosed please contact Darley Neighbourhood House and Learning Centre's Privacy Officer on phone 53674390 or email [darleynhlc@westnest.com](mailto:darleynhlc@westnest.com).

By signing this form and being accepted into your chosen course of study you agreed to adhere to all of Darley Neighborhoods' policies pertaining to student rights and responsibilities.

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_