

Please use **BLOCK** letters to complete this form.
The surname and given names written on this form will be used on any acknowledgment of this course.

Community Hub Inc.
34 Connor Street, Colac 3250
Learn Local Organisation:
29517
Telephone: (03) 5231 2822
(P.O. Box 14, Colac 3250)
ICN: A0050641H
ABN: 72 520 616 643

Office Use Only]

STUDENT ID: _____

COURSE NAME: _____

SURNAME: _____

GIVEN NAMES: _____

Title	DATE OF BIRTH	GENDER
	/ /	☐ Male ☐ Female ☐ Other ☐ Self-identify _____

ADDRESS: _____ **POSTCODE:** _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

HOME PHONE	MOBILE

EMAIL: _____

EMERGENCY CONTACT: ☐ Friend ☐ Guardian ☐ Parent ☐ Spouse/Partner

NAME: _____ **PHONE:** _____

CITIZENSHIP STATUS (Please tick)	MEDICARE CARD
☐ Australian Citizen ☐ Permanent Resident ☐ New Zealand Citizen ☐ Visa holder of an Australian permanent visa	Do you have a medicare card? ☐ Yes ☐ No If Yes, what colour is it? ☐ Green ☐ Blue

MEDIA CONSENT: I agree that CHI can use photos/video/comments for publicity. **YES** ☐ **NO** ☐

Of the following categories, which <u>BEST</u> describes your current employment status ? Tick ONE box only ☐ 01 - Full-time employee ☐ 02 - Part-time employee ☐ 03 - Self-employed - not employing others ☐ 04 - Self-employed - employing others ☐ 05 - Employed - unpaid worker in a family business ☐ 06 - Unemployed - seeking full-time work ☐ 07 - Unemployed - seeking part-time work ☐ 08 - Not employed	Which of the following classifications <u>BEST</u> describes the Industry of your current or previous Employer? (Tick ONE box only) ☐ A - Agriculture, Forestry and Fishing ☐ B - Mining ☐ C - Manufacturing ☐ D - Electricity, Gas, Water and Waste Services ☐ E - Construction ☐ F - Wholesale Trade ☐ G - Retail Trade ☐ H - Accommodation and Food Services ☐ I - Transport, Postal and Warehousing ☐ J - Information Media and telecommunications ☐ K - Financial and Insurance Services ☐ L - Rental, Hiring and real Estate Services ☐ M - Professional, Scientific and Technical Services ☐ N - Administrative and Support Services ☐ O - Public Administration and Safety ☐ P - Education and Training ☐ Q - Health Care and Social Assistance ☐ R - Arts and recreation Services ☐ S - Other Services	What is your <u>HIGHEST COMPLETED</u> school level? ☐ Completed Year 12 ☐ Completed Year 11 ☐ Completed Year 10 ☐ Completed Year 9 or equivalent ☐ Completed Year 8 or lower ☐ Never attended School																																				
In which country were you born? ☐ Australia (please tick) Other, please specify: _____	Do you speak a language OTHER THAN English at home ? ☐ No, English only ☐ Yes - which language do you usually speak ? _____																																					
Are you of Aboriginal or Torres Strait Islander origin? ☐ NO ☐ YES, Aboriginal ☐ YES, Torres Strait Islander	Are you still attending Secondary School? ☐ YES ☐ NO	Have you successfully <u>completed</u> any of the following qualifications ? ☐ YES ☐ NO																																				
If YES, please enter one of these Prior Education Achievement Recognition Identifiers for all applicable qualification levels A = Australian E = Australian Equivalent I = International <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">A</th> <th style="width: 10%;">E</th> <th style="width: 10%;">I</th> <th style="width: 70%;"></th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>Bachelor Degree or Higher Degree</td></tr> <tr><td></td><td></td><td></td><td>Advanced Diploma or Associate Degree</td></tr> <tr><td></td><td></td><td></td><td>Diploma or Associate Diploma</td></tr> <tr><td></td><td></td><td></td><td>Certificate IV or Advanced Certificate/Technician</td></tr> <tr><td></td><td></td><td></td><td>Certificate III or Trade Certificate</td></tr> <tr><td></td><td></td><td></td><td>Certificate II</td></tr> <tr><td></td><td></td><td></td><td>Certificate I</td></tr> <tr><td></td><td></td><td></td><td>Certificates other than above</td></tr> </tbody> </table>			A	E	I					Bachelor Degree or Higher Degree				Advanced Diploma or Associate Degree				Diploma or Associate Diploma				Certificate IV or Advanced Certificate/Technician				Certificate III or Trade Certificate				Certificate II				Certificate I				Certificates other than above
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Note: if you have multiple identifiers for any one qualification level then use the following priority order to determine which identifier to use.																																						

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only. Ignore this question if you have never been employed.) ☐ 1 - Managers ☐ 2 - Professionals ☐ 3 – Technicians & Trade Workers ☐ 4 - Community & Personal Service Workers ☐ 5 - Clerical and Administrative Workers ☐ 6 - Sales Workers ☐ 7 - Machinery Operators & Drivers ☐ 8 - Labourers ☐ 9 - Other	Of the following categories, which BEST describes your main reason for undertaking this course ? [tick one box only] ☐ 01 - To get a job ☐ 02 - To develop my existing business ☐ 03 - To start my own business ☐ 04 - To try for a different career ☐ 05 - To get a better job or promotion ☐ 06 - It was a requirement of my job ☐ 07 - I wanted extra skills for my job ☐ 08 - To get into another program of study ☐ 12 - For personal interest or self-development ☐ 11 - Other reasons ☐ 13 - To get skills for community/voluntary work	Would you describe yourself as belonging to any of the following cohorts? Mark up to three ☐ AS – Asylum seeker ☐ FS – Learner facing financial stress ☐ HS – Head start apprentice/trainee ☐ JV – Jobs Victoria Employment Network client ☐ LN – A learner with literacy, numeracy and digital literacy needs ☐ RW – Retrenched worker ☐ RC – Reconnect program student ☐ VT – Veteran ☐ WR – Woman returning to work ☐ NN– No specific cohort
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Do you consider yourself to have a disability, impairment or long-term condition ?

☐ YES ☐ NO

If Yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)

- ☐ Hearing/deaf
- ☐ Physical
- ☐ Intellectual
- ☐ Learning
- ☐ Mental Health Condition
- ☐ Acquired brain impairment
- ☐ Vision
- ☐ Medical condition
- ☐ Other

Do you require any support to participate in classes,

☐ YES ☐ NO

If yes, please describe the kind of support you require

STUDENT ENROLMENT PRIVACY NOTICE

Victorian Student Number (VSN)

(To be completed by all students aged up to 24 years)

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ENTER YOUR VSN (if known):

☐ **NO** I have not attended a Victorian school since 2009 or a TAFE/VET provider since 2011.

☐ **YES** I have attended a Victorian school since 2009. **School Name:** _____

☐ **YES** I have participated in training at a TAFE or VET provider since 2011.

The Victorian Government, through the Department of Jobs, Skills, Industry and Region (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*.

Collection of your data

Community Hub Inc is required to provide the Department with student and training activity data. This includes personal information collected in the Community Hub Inc enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Currently Community Hub does not collect the USI as this only applies to accredited training delivery.

Community Hub Inc provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at [DJSIR website](https://www.djsir.vic.gov.au/).

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate

Disclosure of your data As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014 (Cth)* and the *Student Identifiers Regulation 2014 (Cth)*.

Survey Participation: You may be contacted to participate in a survey conducted by NCVER or a Department endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note that you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints: You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For more information please contact Community Hub Inc on phone 03 5231 2822 or email executive@communityhubinc.org.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [Department of Jobs, Skill, Industry and Regions](https://www.djsir.vic.gov.au/) website.

STUDENT DECLARATION

I, *(print, full, name)* _____

in seeking to enrol in one or more pre-accredited modules with Community Hub Inc,
declare the following to be true and accurate statements:

- I **AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school, and:
 - I am aged 17 years of age or over, or
 - I am under 17 years of age and have provided Evidence of Exemption by a school principal or the Department of Education Regional Director.
-
- I acknowledge and understand that I may be contacted by the Department of Jobs, Skills, Industry and Region or their agent to participate in a survey, interview or other questionnaire.

SIGNED:

DATE:

Proof of concession must be provided at the time of enrolment to access concession fees. If applicable, provide any referral forms or purchase orders from agencies/organisations that are going to pay your fees.
CONCESSION STATUS (please tick the relevant box). **Your current concession card & Medicare card MUST be sighted**

FULL FEE	Learn Local Fee	Concession Fees
This applies to anyone NOT eligible for the Learn Local fees.	The Learner will be either: • An Australian Citizen • A permanent resident • A New Zealand citizen	The Learner will be eligible for Learn Local Fees AND will have provided proof of their concession status—see above.
Health Care Card	H	
Pension Card	P	
Veterans Affairs Gold Card	V	
None	Z	

This SECTION is for OFFICE USE ONLY

Proof of concession & Medicare Card sighted by :

Name:

Signature

Date

COURSE NAME:

LOCATION: Hub, COLAC

SCHEDULED COMMENCEMENT DATE:

TRAINER: _____

State Funding Code: ACE

Total Nominal Hours for this enrolment _____