

KINGLAKE RANGES NEIGHBOURHOOD HOUSE—ENROLMENT FORM

As a government funded organisation we are required to ask students for information. Please complete details on this form.

How did you hear about this course/program? (Optional)

- Newspaper
 Radio
 Word of Mouth
 Program/Flyer
 Other

Course Name: _____

Participant Name:	Address:	Postal Address:
Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	Postcode:
Date of Birth: (dd/mm/yy)	Phone numbers: BH: AH: Mobile:	Concession Type:

Employment - Please tick the best description of your current employment status

- 01 Full-time employee
 02 Part-time employee
 03 Self-employed—not employing others
 04 Employer
 05 Employed-unpaid worker in family business
 06 Unemployed-seeking full-time work
 07 Unemployed - seeking part-time work
 08 Not employed - not seeking employment

In which country were you born?
What language is spoken at home if not English?
If English is not your first language how well do you speak English? Please tick the best description. <input type="checkbox"/> 01 Very well <input type="checkbox"/> 02 Well <input type="checkbox"/> 03 Not Well <input type="checkbox"/> 04 Not at all

Schooling

Please tick the description of your highest completed schooling level

- 02 Did not go to school
 09 Completed year 9 or equivalent
 11 Completed year 11
 08 Year 8 or below
 10 Completed year 10
 12 Completed year 12

and indicate which year you completed _____ that level:
 Are you still at secondary school? Yes No

Prior Educational Achievements

Since leaving school, have you successfully completed any of these qualifications? Yes No

Please tick which qualifications you have completed

- 008 Bachelor Degree or Higher Degree
 514 Certificate 111 or Trade Certificate
 410 Advanced Diploma or Associate Degree
 521 Certificate 11
 420 Diploma or Associate Diploma
 524 Certificate 1
 511 Certificate IV (or Advanced Certificate)
 990 Certificates other than above

Are you of Aboriginal or Torres Strait Islander origin?

- 01 Aboriginal
 Torres Strait Islander
 Both
 Neither

Disability

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 tick more than one.

- 11 Hearing/Deaf
 12 Physical
 13 Intellectual
 14 Learning
 15 Mental Illness
 16 ABI
 17 Vision
 18 Medical Condition
 19 Other
 99 Unspecified

Reason for Study

Which of the following categories best describes your reasons for undertaking this course/program?

- 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 course or study
 11 Other reasons
 11 Personal Interest

Signature: _____

Date: _____