

KRNH ENROLMENT RECORD

Name of Course/s			
Participants Name:			
Surname	Firstname	Second Initial	
Address:			
Street	Suburb/Town	Postcode	
Phone:	AH:	BH:	M:
Email Address:			
Date of Birth:	Amount payable:		\$
How are you employed?	Retired	Self Employed	(Do you employ others Y/N)
	Home Duties	Full Time	Part Time
	Student	Unemployed	(Seeking/Not seeking employment)
Country of birth?	Main Language you speak?		
Are you of Aboriginal or Torres Strait Islander origin?	YES / NO		
Do you consider yourself to have a permanent and significant disability?	YES / NO		
What is the main reason for your study			
<p>Fees may be paid in total upon enrolment OR a deposit can be paid with the balance to be finalised 1 week before class commences.</p> <p><i>I understand that information contained on this form will be used to record my enrolment details and may be used for the purpose of planning future educational and recreational programs. It may also be included in statistical reports to government funding bodies such as Adult & Community Further Education, Department of Education, Employment and Training and Department of Human Services.</i></p>			
Signed:		Date:	
<p>Enrol at House OR POST THIS ENROLEMENT RECORD with cheque/money order to :KRNH, PO Box 135, Kinglake, Vic, 3763</p>			

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