

# 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:** \_\_\_\_\_