

**North Ringwood Community House Inc.**

35-39 Tortice Drive, Ringwood North 3134
 PO Box 2489, Ringwood North 3134
 Telephone: **9876 3421** Facsimile: 9879 0739
 Website: www.nrch.org.au
 Email: admin@nrch.org.au
 ABN: 78 052 679 939
 Registered Training Organisation: No: 6434

**PRE-ACCREDITED
 COURSE ENROLMENT FORM**

Course:	Enrolment Date:	Course Commencement Date:
Course:	Enrolment Date:	Course Commencement Date:

Contact Details:	
Mr/Mrs/Ms/Miss First/Given Name:	Family/Last Name:
Male/Female	Date of Birth: / /
Residential Address (where you usually live):	
	Postcode:
Postal Address (if different from above):	
	Postcode:
Home Phone:	Mobile:
Email:	

Emergency Contact Details:	
Name:	Relationship:
Home Phone:	Mobile:
Victorian Student Number (please fill this section in if you are aged 24 or below at time of enrolment)	
Please provide your VSN:	No more questions if you have provided your VSN
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?	
<input type="checkbox"/> No, I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <input type="checkbox"/> Yes, I have attended a Victorian school since 2009. Most recent Victorian school attended: _____ <input type="checkbox"/> Yes I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011. (list up to 3 training organisations). _____	

Which of the following classifications BEST describes your current or recent occupation? (please circle one response only)		
Managers	Professionals	Technicians and Trade Workers
Community and Personal Service Workers	Clerical and Administrative Worker	Sales Workers
Machinery Operators and Drivers	Labourer	Other

Which of the following classifications BEST describes the Industry of your current or previous Employer? (please circle one response only)		
Agriculture, Forestry & Fishing	Mining	Manufacturing
Electricity, Gas, Water & Waste Services	Construction	Retail Trade
Wholesale Trade	Accommodation and Food Services	Transport, Postal and Warehousing
Information Media and Telecommunications	Financial and Insurance Services	
Rental, Hiring and Real Estate Services	Professional, Scientific and Technical Services	
Administrative and Support Services	Public Administration and Safety	Education and Training
Health Care and Social Assistance	Arts and Recreation Services	Other Services

Are you an Australian Citizen/Resident: YES/NO Country of Birth:

Do you speak a language other than English at home, please specify:

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	Acquired brain impairment	Physical	Intellectual	Medical condition
Mental illness	Vision	Learning	Other, please specify:	

Are you of Aboriginal Origin? YES/NO

Are you of Torres Strait Islander Origin? YES/NO

Are you still attending school? YES/NO

If no, please indicate the year you left high school:

School / Training Details – (please only indicate schooling and qualifications completed in Australia)

Highest school level completed: Year 12 Year 11 Year 10 Year 9 Year 8 (or lower) Never attended

Have you successfully completed any of the following qualifications in Australia? YES/NO

Bachelor Degree or Higher Degree	Certificate IV (or Advanced certificate/technician)	Certificate II
Advanced Diploma or Associate	Certificate III (or Trade certificate)	Certificate I
Degree Diploma (or Associate Diploma)	Certificates other than the above	Field of study:

Employment Status (please circle one response only)

Full time employee	Unemployed - seeking full time work	Self employed -Not employing others
Part time employee	Employed - Unpaid worker in a family business	Employer
Unemployed - Seeking part time work	Not employed - Not seeking employment	

Reasons for choosing this course

To get a job	To develop my existing business	To start my own business
To try for a different career	To get a better job or promotion	It was a requirement for my job
I wanted extra skills for my job	To get into another course of study	For personal interest or self-development
Other reasons (please specify)		

Concession Types (a photocopy of concession card must be provided)

Do you have a current concession card? YES/NO (If yes please circle below)

Health Care Card (H)	VCE Scholarship (G)	Job seeker and concession card holder (J)
Pensioner Concession Card (P)	Other (O)	Job seeker and not a concession card holder (K)
Veteran Gold Card Concession (V)	None(Z)	

Do you have any qualifications completed overseas? YES/NO

If yes, Prior Education Achievement Recognition Identifiers? Australian Equivalent International

If yes, Level of qualification? Field of study:

How did you hear about this course?

NRCHI Website	Internet search (please advise which website) _____		
Newspaper	Social Media	Brochure	Radio
Other: (please advise) _____			

Terms and Conditions:

1. Full payment is required to confirm enrolment.
2. If the class is cancelled we will refund you in full.
3. If you cancel your enrolment at least 7 days prior to course commencement we will refund you less \$15 administration fee. No Refund if you cancel less than 7 days prior to course commencement.
4. A copy of the Complaints Policy and Privacy Policy is available at the office.
5. Students of ACFE funded courses may be contacted by ACFE in relation to their satisfaction with their course.

Signature and declaration:

I DO / DO NOT give consent for photographs/recordings to be taken as part of my involvement with programs of the North Ringwood Community House Inc. I acknowledge these images may be used on the North Ringwood Community House Inc. website or for any other promotional material.

- In case of emergency I authorise staff at the North Ringwood Community House Inc. to take any steps they may consider necessary for my safety or well-being, including ambulance travel and medical treatment. I understand that I am responsible for all medical bills and expenses.
- I understand that North Ringwood Community House Inc. is required to provide the Victorian Government, through the Department of Education and Training, (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)

Victorian Government VET Student Enrolment Privacy Notice:

The Victorian Government, through the Department of Education and Training (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

North Ringwood Community House is required to provide the Department with student and training activity data. This includes personal information collected in the North Ringwood Community House enrolment form and unique identifiers such as the Victorian Student Number (VSN).

North Ringwood Community House provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>

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.

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 VSN's is authorised under the Education and Training Reform Act 2006 (Vic).

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 you may opt out of the NCVER survey at the time of being contacted.

- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey (please tick)

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 further information, please contact the North Ringwood Community House Manager in the first instance by phone 9876 3421 or email admin@nrch.org.au

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>

- I acknowledge and agree to the terms described in this privacy notice. (please tick)
- I hereby declare that the information provided in this application for enrolment form is complete and accurate. (please tick)

Student Applicant Signature:	Date:
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Office use only:
Payment Amount \$
Credit Card Payments:
Credit Card No: _____
Cardholder Name: _____

Receipt:
Expiry date: ____ / ____
Signature: _____