

Pre-Accredited Enrolment Form

Education

Are you currently attending school? Yes No

Indicate the highest school level completed below:

Year 8 or lower Year 9 Year 10 Year 11 Year 12

In which year was this level completed? 19 ____ / 20 ____

Previous Qualifications
(Indicate by selecting **one** of the Prior Education Achievement Recognition Identifiers.)

A - Australian
E - Australian Equivalent
I - International

Note - If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:

1. A - Australian
2. E - Australian Equivalent
3. I - International

Have you **successfully** completed any of the following qualifications? Yes No

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

Certificate other than the above

Employment

Of the following categories, which **best** describes your current employment status?
(Tick **one** box only)

Never Employed
(Proceed to Student Declaration)

Full-time employee Part-time employee

Self employed - not employing others Employer

Employed - unpaid worker in a family business Unemployed - seeking full-time work

Unemployed - seeking part-time work Not employed - not seeking employment

Which of the following classifications **best** 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 Service

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

Which of the following classifications **best** describes your current or recent occupation?
(Tick **one** box only)

1 - Manager 2 - Professional

3 - Technicians and Trade Worker 4 - Community and Personal Service Worker

5 - Clerical and Administrative Worker 6 - Sales Worker

7 - Machinery Operators and Driver 8 - Labourer

9 - Other

Student Declaration
I hereby declare that all information provided on this form is true and correct.

Student Name: _____ Student Signature: _____

Date: _____

Important: If under the age of 18 a parent / guardian must also sign below

Parent / Guardian Name: _____ Parent / Guardian Signature: _____

Pre-Accredited Enrolment Form

Read this important information before you enrol

Enrol in person - 1 Badger Creek Road, Healesville or by post - cheques payable to Healesville Living and Learning Centre with your enrolment form.

Please enrol early to avoid disappointment. Full payment of the course fee must be made at the time of enrolment.

If we cancel a class due to lack of numbers or unforeseen circumstances, we will refund your course fees in full. Refunds are available if a participant withdraws five (5) working days prior to the commencement of the first class. A \$20.00 administration fee is charged for withdrawals. There will be no refunds if you cancel after this time.

Student confidentiality - your details will not be used for any other purpose. A copy of our Privacy Policy and Statement is available upon request.

No children allowed in class. No animals allowed on site.

Privacy Notice

I understand that:

Healesville Living and Learning Centre is required to provide the Victorian Government, through Skills Victoria or the ACFE Board, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>).

Skills Victoria and the ACFE Board may use the information provided to it for planning, administration policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria and the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Healesville Living and Learning Centre's Privacy Officer on 5962 5982 or email admin@healesvillelearningcentre.org.

I acknowledge and agree to the terms described in this privacy statement. Student Signature: _____

Media Release

To be able to use your photograph, image, words we need your permission. Wherever possible, Healesville Living and Learning Centre will be understanding of cultural, family and personal sensitivities. I hereby grant to Healesville Living and Learning Centre and its representatives the right to use, reproduce and publish:

- The photographs taken of me, including my image and likeness as depicted therein
 The statements or testimonials made by me

for editorial, advertising or any other purpose and in any manner and medium, to alter the same without restriction.

I hereby release Healesville Living and Learning Centre and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs, statements and testimonials.

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eNewsletter

All enrolled students who provide an email address will be added to our electronic mailing list. If you prefer to not receive mailings from us, please indicate below:

- I do not wish to receive program, event and Centre news from Healesville Living and Learning Centre.

Please let us know where you heard about HLLC: _____

Course Name	Class Code	Fee	Receipt Number
Membership Details (All students are required to take out HLLC Membership)			
Have you paid your membership fees for this year? (If no, a membership fee of \$7.00 is applicable. Cost includes G.S.T.)	Y / N	\$7.00	
	Total		

Visa Mastercard (A 1.5% surcharge applies)

Name on card: _____

Card Number: _____ Expiry Date: / /

Signature: _____ Date: / /

Office use only

- Vettrak Enrolled
 Class List Membership