

HLLC Pre-Accredited Enrolment Form

Healesville Living and Learning Centre

A.B.N. 78 831 662 475 R.T.O. No: 3851 Incorporation No: A2731

1 Badger Creek Road, Healesville 3777 Phone: 03 5962 5982

Email: enrol@hllc.org.au Web: hllc.org.au

Office Hours: Monday - Friday 9:00 am - 4:30 pm



Read this important information before you enrol

Enrol in Person:

1 Badger Creek Road, Healesville. Payment by cash, cheque, credit card, EFTPOS or direct deposit.

Enrol by Mail:

Mail your completed enrolment form including credit card details or cheque for payment to 1 Badger Creek Road, Healesville 3777.

Enrol Online:

Complete your enrolment form including credit card details for payment and email to enrol@hllc.org.au.

Please enrol early to avoid disappointment. Full payment of the course fees 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 never 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.

Please complete all enrolment details in full in block letters

Personal Details	Surname: _____	Given Name: _____	Middle Initial: _____
	Date of Birth: / /	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified
	Country of Birth: _____		
	If you were not born in Australia, are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you an Australian Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Torres Strait Islander
		<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, both

Language	Main Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Other _____
	If you chose "Other", how well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All

Address Details	Building/Property Name: _____
	Flat/Unit Number (e.g. 5 or Lot 12): _____ Street Number: _____ Street Name: _____
	Town/Suburb: _____ Postcode: _____
	Postal Address: (P.O. Box or Roadside Delivery Box): _____

Contact Details	Phone (H): _____ Phone (B): _____
	Mobile: _____ Email: _____

Emergency Contact:	Name: _____	Phone: _____
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Health If you have any particular needs, please talk to our staff about how we can support your participation in our program.	Do you have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No (Tick all applicable boxes) <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Hearing (deaf) <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other _____
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Concession To qualify for a concession price you must produce a valid concession card.	Concession Type: _____ Number: _____ Expiry Date: / / Sighted by staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Goals - Reason for Study Of the following categories, which best describes your main reason for undertaking this course? (Tick one box only)	<input type="checkbox"/> Get a job <input type="checkbox"/> Better job or promotion <input type="checkbox"/> Develop my existing business <input type="checkbox"/> Start my own business <input type="checkbox"/> Try for a different career <input type="checkbox"/> Get into another course of study <input type="checkbox"/> Personal interest <input type="checkbox"/> Self development <input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> Extra skills for my job <input type="checkbox"/> Other
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Education	Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the highest school level completed below: <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 In which year was this level completed? 19 ____ / 20 ____
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No A E I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate / Technician) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate other than the above
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Employment Of the following categories, which best describes your current employment status? (Tick one box only) <input type="checkbox"/> Never Employed	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed - not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid worker in a family business <input type="checkbox"/> Unemployed - seeking full-time work <input type="checkbox"/> Unemployed - seeking part-time work <input type="checkbox"/> Not employed - not seeking employment
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Employment Which of the following classifications best describes the industry of your current or previous employer? (Tick one box only)	<input type="checkbox"/> A - Agriculture, Forestry and Fishing <input type="checkbox"/> B - Mining <input type="checkbox"/> C - Manufacturing <input type="checkbox"/> D - Electricity, Gas, Water and Waste Service <input type="checkbox"/> E - Construction <input type="checkbox"/> F - Wholesale Trade <input type="checkbox"/> G - Retail Trade <input type="checkbox"/> H - Accommodation and Food Services <input type="checkbox"/> I - Transport, Postal and Warehousing <input type="checkbox"/> J - Information Media and Telecommunications <input type="checkbox"/> K - Financial and Insurance Services <input type="checkbox"/> L - Rental, Hiring and Real Estate Services <input type="checkbox"/> M - Professional, Scientific and Technical Services <input type="checkbox"/> N - Administrative and Support Services <input type="checkbox"/> O - Public Administration and Safety <input type="checkbox"/> P - Education and Training <input type="checkbox"/> Q - Health Care and Social Assistance <input type="checkbox"/> R - Arts and Recreation Services <input type="checkbox"/> S - Other Services
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Occupation Which of the following classifications best describes your current or recent occupation? (Tick one box only)	<input type="checkbox"/> 1 - Manager <input type="checkbox"/> 2 - Professional <input type="checkbox"/> 3 - Technicians and Trade Worker <input type="checkbox"/> 4 - Community and Personal Service Worker <input type="checkbox"/> 5 - Clerical and Administrative Worker <input type="checkbox"/> 6 - Sales Worker <input type="checkbox"/> 7 - Machinery Operators and Driver <input type="checkbox"/> 8 - Labourer <input type="checkbox"/> 9 - Other
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Privacy Notice and Student Declaration

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 on 5962 5982 or email admin@hllc.org.au.

I hereby declare that all information provided on this form is true and correct, and acknowledge and agree to the terms described in this privacy statement.

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: _____ Date: _____

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.

Student Name: _____ Student Signature: _____

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

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

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

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 Class List Membership