

Healesville Living and Learning Centre

A.B.N. 78 831 662 475 | Incorporation No: A2731 | TOID: 29556

Office Admin: Healesville Community Link 110 River Street Healesville 3777

Training Rooms: 1 Badger Creek Road, Healesville 3777

Phone: 03 5962 5982

Email: reception@hllc.org.au Website: hllc.org.au

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



Skills Enrolment Form

Please complete all enrolment details in full

Personal Details

Last/ Family Name: _____ Given / First Name: _____ Middle Name: _____

Date of Birth: / /

Gender: Male Female Indeterminate/Intersex/Unspecified Prefer not to say

Country of Birth: _____

If you were not born in Australia, are you an Australian Citizen? Yes No

Are you an Australian Aboriginal or Torres Strait Islander? No

Yes, Torres Strait Islander Yes, Aboriginal Yes both Aboriginal and Torres Strait Islander

Languages

Main Language Spoken: English Other (please specify) _____

If you chose "Other", how well do you speak English? Very Well Well Not Well Not at All

Contact Details

Phone (H): _____

Phone (B): _____

Mobile: _____

Email: _____

Residential address (where you live)

Building/Property Name: _____

Flat/Unit Number (e.g. 5 or Lot 12): _____ Street Number: _____ Street Name: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal address (only if it is different to where you live)

Postal Address: (P.O. Box or Roadside Delivery Box): _____

Emergency Contact 1	Name: _____	Phone: _____ Relationship to you: _____
Emergency Contact 2	Name: _____	Phone: _____ Relationship to you: _____

Emergency contact details (your next of kin or who we should contact in case of an emergency)

Program Name/s	Term	Class Code	Fee	Receipt Number
HLLC Membership				
Would you like to apply for membership of HLLC?		Y / N	\$7.00	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (A 1.5% surcharge applies)		<i>Total</i>		

Program Details

Name on card: _____
 Card Number: _____
 Expiry Date: / /
 Signature: _____ Date: / /

Office use only
<input type="checkbox"/> Social Planet
<input type="checkbox"/> Enrolled
<input type="checkbox"/> Class List
<input type="checkbox"/> Membership

Health

If you have any special needs, please talk to our staff about how we can support your participation in our learning programs. Do you have any disabilities or impairments? Yes No

<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 Injury	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other _____

Concession

To qualify for a concession price you must produce a valid concession card.

Concession typeNumber

Expiry date / / Sighted by staff **Yes** **No**

Goals - Reasons for Study

Of the following categories which best describes your main reason for undertaking this program (Tick one box only please)

- Personal Interest
- Start my own business
- Get a job
- Extra skills for my job

Education

Are you currently attending school? Yes No

What is the highest level of Australian schooling you have completed?

<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 8 or lower
----------------------------------	----------------------------------	----------------------------------	---------------------------------	--

When did you complete this? 19 or 20.....

Previous Qualifications

Please indicate by ticking one of the boxes if you have successfully completed any of the following qualifications?

A = Australian qualification

E = Australian Equivalent qualification

I = International qualification

- | 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 |

Employment

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

- 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
- Never Employed

Employment Industry

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"/> K - Financial and Insurance Services |
| <input type="checkbox"/> B - Mining | <input type="checkbox"/> L - Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> M - Professional, Scientific and Technical Services |
| <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> E - Construction | <input type="checkbox"/> O - Public Administration and Safety |
| <input type="checkbox"/> F - Wholesale Trade | <input type="checkbox"/> P - Education and Training |
| <input type="checkbox"/> G - Retail Trade | <input type="checkbox"/> Q - Health Care and Social Assistance |
| <input type="checkbox"/> H - Accommodation and Food Services | <input type="checkbox"/> R - Arts and Recreation Services |
| <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> S - Other Services |
| <input type="checkbox"/> J - Information, Media and Telecommunications | |

Occupation

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

- | | |
|---|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Clerical and Administrative worker |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Sales Worker |
| <input type="checkbox"/> Technicians and Trade Worker | <input type="checkbox"/> Machinery Operator and Driver |
| <input type="checkbox"/> Community and Personal Services worker | <input type="checkbox"/> Labourer |
| | <input type="checkbox"/> Other |

Important information for learners of Healesville Living and Learning Centre

If you would like to retain a copy of this information, please ask upon enrolment.

To enrol in person:

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

To enrol by mail:

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

Cheques made payable to Healesville Living and Learning Centre.

To 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 program fees must be made at the time of enrolment.

Cancellation

If we cancel a class due to lack of numbers or unforeseen circumstances, we will refund your program 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.

Learner Confidentiality

Your details will never be used for any other purpose. A copy of our Privacy Policy and Statement is available upon request.

Children are not permitted in classrooms.

Animals are not permitted on site.

Service animals are welcome.

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:

YES NO The photographs taken of me, including my image and likeness as depicted therein

YES NO 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.

eNewsletter

YES NO I would like to receive news and information regarding programs and events at Healesville Living and Learning Centre.

Please let us know where you heard about HLLC: _____

Privacy Notice and Learner Declaration

I understand that:

Healesville Living and Learning Centre is required to provide the Victorian Government, through Skills Victoria or the ACFE Board, with learner 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 Learner Statistical Collection Guidelines (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 learner information may be used or disclosed please contact Healesville Living and Learning Centre on 5962 5982 or email contactus@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.

Important: If under the age of 18 a parent / guardian must also sign this declaration.

Learner Name: _____ Learner Signature: _____ Date: _____

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