



Ballan & District Community House

ENROLMENT FORM

Personal Details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Surname:	First Name:
Address:	Town:	Postcode:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Phone:	Work:	Mobile: Fax:
Email address:		
Emergency Contact name:		Emergency Contact phone:

Statistical information

Are you of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number : <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> Are you new to the Victorian Education system or do not have your Victorian Student Number? <input type="checkbox"/> Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider.								
In which country were you born? Australia <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify _____)									
Language Spoken: English <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify _____)									

Schooling

Are you still attending secondary school? Yes No

What is your highest **COMPLETED** school level?
 Year 8 or lower
 Year 9
 Year 10
 Year 11
 Year 12
 In what year did you complete that school level: _____

Employment

Which **BEST** describes your current employment status?

Full-Time Employee
 Part-Time Employee
 Self Employed – Not Employing Others
 Employer
 Employed – Unpaid Family Worker
 Unemployed – Seeking Full-Time Work
 Unemployed – Seeking Part-Time Work
 Not Employed – Not Seeking Employment

Disability (Optional Question)

Hearing/Deafness
 Physical
 Intellectual
 Learning
 Mental Illness
 Acquired Brain Impairment
 Vision
 Medical Condition
 Other

Prior Education

Bachelor Degree
 Adv. Diploma/Assoc Degree
 Diploma
 Certificate IV
 Certificate III
 Certificate II
 Certificate I
 Other Certificate

Please inform us if you need any support to participate in the class you have chosen. You do not have to disclose medical or mental health information, although disclosure will not result in exclusion from any activity at this centre and may help us make reasonable adjustment for you. Any information given will be considered confidential and only passed on to your teacher, in case of an emergency or where legally necessary.

I agree that the information provided herein is true and correct and that I agree to the arrangements for the payment of Fees and Charges.

Signature

Student: _____ Date: _____