



Return by mail to:
PO Box 217, Greensborough 3088
or Fax to: 9432 2521

*Diamond Valley
Learning Centre*

OFFICE USE ONLY
 LLNP T RTE Com Acc TO INV
 ACE YRP P Grant # _____
Australian residency Sighted: Medicare Other Staff _____
Age Sighted: Licence Birth Cert Other Staff _____

*Please note that enrolment is secured on payment of fees. *Students may request a payment plan if necessary.*The minimum fee to be paid if enrolling after the start of a course is one term.

ENROLMENT FORM 2010

Course Names	FEE payable	Time & Day	Start Date	Funding Code

Confidential information DVLC's funding guidelines require us to collect the following information for statistical purposes. The information will only be used for administrative purposes and your cooperation is appreciated.

Personal Details

Title: (Mr/Mrs/Ms) etc _____
 Surname _____
 First name _____
 Address _____
 Suburb _____ P/code: _____
 Phone: H) _____ W) _____
 Mobile: _____
 Email _____

Tick if you do **NOT** want us to email you about further courses and events

Date of Birth: ___/___/___ Female Male

Country of Birth _____

Do you speak a LANGUAGE OTHER THAN ENGLISH at home?
 Yes - Please state language/s spoken _____
 No

How well do you speak English?
 Very Well Well Not Well Not at all

Are you of Aboriginal descent? Yes No
 Are you of Torres Strait Islander descent? Yes No

Emergency contact:
Name: _____ **Relationship** _____
Phone number/s: _____

Are you claiming concession fees? Yes No

If **yes**, please list your Centrelink Reference number, type of concession, and show your card to the staff.

CRN: _____

Type: (FA, NS, DSP etc) _Expires: ___ / ___ / ___

Card Verification – Staff Initials: _____

Highest Year of Secondary schooling completed

Year 8 or lower Year 9
 Year 10 Year 11
 Year 12 Did not go to school
 In which year did you complete that level? _____

Highest qualification completed:

Certificate I, II, III or IV (please circle)
 Diploma
 Adv/Diploma or Associate Diploma
 Bachelor Degree or Higher Degree
 Miscellaneous Education

Was this qualification achieved overseas? Yes No
 If Yes, Is it recognized in Australia? Yes No

Are you employed?

Full time employee
 Part time employee
 Self Employed (not employing others)
 Employer
 Family Worker
 Unemployed - seeking full time work
 Unemployed - seeking part time work
 Not Seeking Work

Were you retrenched or made redundant from your last job? No Yes (Separation Certificate required)

Do you have a disability Yes No

Type of Disability:
 Mental illness Medical Condition
 Learning Intellectual
 Hearing Physical
 Visual/sight Acquired Brain Impairment
 Other _____

Should we invoice another organisation for your fees?

Yes No

Name of organisation to be invoiced: _____

Contact Person: _____

Address: _____

Suburb: _____ P/code: _____ Phone: _____

Payment Details Cash Cheque Credit Card

Card Payment

Expiry Date

/

Payment Amount:\$ _____

How did you find out about us?

DVLC Brochure - Where was the brochure?

Delivered to home

School newsletter

Library Other _____

Email

DVLC website

Banyule Council brochure (joint learning centres)

Friend/family

Reading & Writing Hotline

Newspaper (which paper?) _____

Current Student

Youth Pathways, MIPS, agency (please circle)

Employer/Centrelink/Job Network provider

Short Courses Website

Signs on Building

Of the following categories, which BEST describes your main reason for undertaking this course?

To get a job

To develop English skills

To develop my existing business

A requirement of my job

To start my own business

Extra skills for my job

To try for a different career

For another course/study

To get a better job or promotion

Other reasons (e.g. volunteering) _____

Privacy information

This organisation respects your right to information privacy. Information which we collect and hold on learners is kept in accordance with information privacy laws. Please contact us if you would like further information on our privacy policy.

Recognition of Prior Learning

There is provision within DVLC policy, for prior learning to contribute towards completion of courses. If you wish to have prior learning considered, please speak with the Program Coordinator about the process.

We occasionally use photos of learners in displays, brochures and advertising (including our website). Please sign below if agree

to have your photo used by DVLC: YES (Please sign): _____ No



Special needs support group

It is the responsibility of the learner to disclose any disabilities that may affect their learning, wellbeing at the centre or their participation in classes. DVLC will make every reasonable attempt to accommodate the learning support needs of individual students. Where this may not be possible, DVLC will work with the student to identify alternate places for study. The provision of appropriate support personnel remains the responsibility of the relevant government service provider and primary care givers. It is possible to establish a **Special Needs Support Group (SNSG)** for any student with special needs.

Would you like to discuss DVLC setting up a Special Needs Support Group for you? Yes No

I declare that the information provided on this form, including my previous qualifications, is true and accurate.
ALL students are required to sign this as part of their enrolment procedure.

 Student signature: _____ Date: _____

Parent/Guardian signature (if under 18 years): _____

Enrolment Processed by: Name: _____ Date: _____