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 Ph: 03 5962 5982 Fax: 03 5962 3907 Email: admin@healesvillelearningcentre.org www.healesvillelearningcentre.org









Please complete all enrolment details in full in block letters

Personal Details	Surname:		Given Name:		Middle Initial:		
r craonar Details							
	Date of Birth:	/ /			☐ Indeterminate/Intersex/Unspecified		
	Unique Student Identifier: Country of Birth:						
	If you were not bo	orn in Australia, are you an A	Australian Citizen?	Yes	□ No		
	Are you an Austra	alian Aboriginal or Torres Str	rait Islander?	□ No	Yes, Torres Strait Islander		
				Yes, Aborigin	nal Yes, both		
Language	Main Language Spoken:						
	If you chose "Oth	er", how well do you speak	English? Very	/ Well	II Not Well Not at All		
Address Details	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):	Phone (B):			
Mobile:			Email:	Email:			
Emergency Contact: Name:		Phone:					
				_			
Health If you have any particular needs,		Do you have any disabilitie		•	applicable boxes)		
please talk to our s	staff about how	Visual	☐ Intelled		Hearing (deaf)		
in our program.		Learning	_	Illness	Physical		
		☐ Acquired Brain Impairn	ment 🗀 Medica	al Condition	Other		
Concession To qualify for a concession price you must produce a valid concession card.		Concession Type:		Number:			
		Expiry Date: /	/	Sigh	nted by staff: Yes No		
Goals - Reason for Study Of the following categories, which best describes your main reason for undertaking this course? (Tick one box only)		☐ Get a job	☐ Better j	ob or promotion	☐ Develop my existing business		
		☐ Start my own business	S Try for a	a different career	☐ Get into another course of study		
		☐ Personal interest	☐ Self de	☐ Self development ☐ It is a requirement of my jo			
(on one box only		☐ Extra skills for my job	☐ Other				

Accredited Enrolment Form

		<u> </u>		
Education Are you currently attending school? ☐ Yes ☐ No				
	Indicate the highest school level completed below:			
	0			
	/ 20			
Previous Qualifications (Indicate by selecting one of the Prior Education Achievement	Have you successfully completed any of the following qualifications? Yes No A E I			
Recognition Identifiers.)	□ □ □ Bachelor Degree or Higher Degree			
A - Australian E - Australian Equivalent	Advanced Diploma or Associate Degree Diploma (or Associate Diploma) Certificate IV (or Advanced Certificate / Technician)			
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	☐ ☐ ☐ Certificate III (or Trade Certificate)			
to use:	☐ ☐ ☐ Certificate II ☐ ☐ ☐ Certificate I			
1. A - Australian 2. E - Australian Equivalent				
3. I - International	☐ ☐ ☐ Certificate other than the above			
Employment Of the following categories, which	☐ Full-time employee	☐ Part-time employee		
best describes your current employment status?	☐ Self employed - not employing others	☐ Employer		
(Tick one box only)	☐ Employed - unpaid worker in a family business	☐ Unemployed - seeking full-time work		
(Proceed to Student Declaration)	☐ Unemployed - seeking part-time work	☐ Not employed - not seeking employment		
Which of the following	A - Agriculture, Forestry and Fishing	☐ B - Mining		
classifications best describes the industry of your current or previous	C - Manufacturing	D - Electricity, Gas, Water and Waste Service		
employer?	☐ E - Construction	☐ F - Wholesale Trade		
(Tick one box only)	☐ 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		
	☐ 0 - 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	□ 1 - Manager	2 - Professional		
classifications best describes your current or recent occupation?	3 - Technicians and Trade Worker	4 - Community and Personal Service Worker		
(Tick one box only)	5 - Clerical and Administrative Worker	6 - Sales Worker		
	7 - Machinery Operators and Driver	8 - Labourer		
	L o Othor			
Student Declaration I hereby declare that all information p	provided on this form is true and correct.			
Student Name:	Student Signature:			
Date:				
Important: If under the age of 18 a r	parent / guardian must also sign below			
Parent / Guardian Name:		inature:		

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.

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.
Media Release To be able to use your photograph, image, words we need your permission. Wherever possible, HLLC 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 Signature: *Parental/guardian consent is required for all students under the age of 18.
Parent / Guardian Name:Parent / Guardian Signature:
Privacy Notice Under the Data Provision Requirements 2012, [insert RTO name] is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).
Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by HLLC for statistical, regulatory and research purposes. HLLC may disclose your personal information for these purposes to third parties, including:
 School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Employer – if you are enrolled in training paid by your employer; Commonwealth and State or Territory government departments and authorised agencies; NCVER; Organisations conducting student surveys; and Researchers.
Personal information disclosed to NCVER may be used or disclosed for the following purposes:
 Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts; facilitating statistics and research relating to education, including surveys; understanding how the VET market operates, for policy, workforce planning and consumer information; and administering VET, including program administration, regulation, monitoring and evaluation.
You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
*Parental/guardian consent is required for all students under the age of 18.	

*Parental/guardian consent is required for all students under the age of 18.
eNewsletter
I would like to receive the Healesville Living and Learning Centre e-newsletter and other information relevant to my training via email.
Email Address:
Disease lating larger whose way beard about III O

Ficase let us know where you heard about fillo.				
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		
☐ Visa ☐ Mastercard (A 1.5% surcharge applies)	Total			

			Iotal		
Name on card:	_			Office use only	
Card Number:	Expiry Date:	/	/	☐ Vettrak	Enrolled
Signature:	Date:	/ /	<i>'</i>	☐ Class List	Membership
			·		