

# Hallam Community Learning Centre Inc.



56 Kays Avenue, Hallam Vic. 3803  
Phone 9703 1688 | E-mail [program@hallamclc.com.au](mailto:program@hallamclc.com.au)  
Incorporated since 1986 No A7966 ABN 53 001 164 470



## 2020 Enrolment Form: Pre-Accredited ACFE

Course Name: \_\_\_\_\_ Term: \_\_\_\_\_  
Student Id No: \_\_\_\_\_ VIC Student No: \_\_\_\_\_ USI: \_\_\_\_\_

### Personal Details

#### Full legal name:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

#### Name you wish to appear on your certificate, if different from your legal name:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

**Gender:**  Male  Female  Indeterminate / Intersex / Unspecified

#### Contact Details:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Usual Residence:

Flat / Unit Street / Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

#### Postal address, if different from your Usual Residence:

Flat / Unit Street / Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Concession Card Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiry: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Country of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

#### Do you identify as an Aboriginal and/or Torres Strait Islander?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Both

#### Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### How did you hear about us?

- Been to the Centre before  City of Casey  Family  Friend  
 Internet  Job Agency  Newspaper  Recommendation

#### Study Reason

##### Why did you choose this course?

- To get a job  For my own interest / self-development  To get into a higher level course

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**Do you consider yourself to have a disability, impairment or long-term condition that may require support in your participation in this course?**

No  Yes

**If yes, please indicate the areas of disability impairment or long-term condition**

Acquired Brain Impairment  Hearing/Deaf  Intellectual  Learning

Medical Condition  Mental Illness  Physical  Vision  Other

## School/Training Details

**Do you have any difficulty with the English Language?**  Yes or  No

If so, which area?  Reading  Writing  Speaking

**Are you still at school?**  Yes  No

**What is your highest COMPLETED school level?**

Year 12  Year 11  Year 10  Year 9 or equivalent  Year 8 or lower  Never attended school

**Have you SUCCESSFULLY completed any of these Australian qualifications?**  Yes  No

If so, what is the highest level you have achieved?

Certificate I  Certificate II  Certificate III  Certificate IV

Diploma  Advanced Diploma  Associate Degree Bachelor or Higher Degree

## Employment Status

**Are you currently employed?**  Yes  No

Full Time  Part Time

Self-employed, not employing others  Self-employed, employing others

Not employed, Not seeking employment  Unpaid worker in family business

Unemployed, seeking part-time work  Unemployed, seeking full time work

**If employed, which industry area BEST describes your current employment?**

Agriculture, Forestry, Fishing (A)

Mining (B)

Manufacturing (C)

Electricity, Gas, Water and Waste Service (D)

Construction (E)

Wholesale Trade (F)

Retail Trade (G)

Accommodation and Food Service (H)

Transport Postal and Warehouse (I)

Information, Media and Telecommunications (J)

Financial and Insurance (K)

Rental, Hiring and Real Estate Service (L)

Professional, Scientific and Technical Service (M)

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- Administrative and Support Services (N)
- Public Administration and Safety (O)
- Education and Training (P)
- Health Care and Social Assistance (Q)
- Art and Recreation Service (R)
- Other Services (S)

## Which of the following BEST describes your current or recent occupation?

- Manager (1)
- Professionals (2)
- Technicians and Trade Workers (3)
- Community and Personal Services (4)
- Clerical and Administrative Worker (5)
- Sales Worker (6)
- Machinery Operator and Drivers (7)
- Labourers (8)
- Other (9)

## Study Reason

### Why did you choose this course?

- To get a job  To start my own business  To get a better job or promotion
- I wanted extra skills for my job  For my own interest or self-development
- To get better business skills  To try for a better career
- To get into another course or study  I had to do this for my job

## Victorian Student Number

To be completed by all students aged up to 24 years.

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled, in either a VET provider or a Victorian school (including those already participating in a VET in school program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment for.

Students, who are enrolling for the first time since the VSN was introduced, will get a new VSN.

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Victorian Student Number	-----
Have you attended any Victorian Schools since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2009?	<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE, or other VET training provider since the beginning of 2011. <input type="checkbox"/> Yes – I have attended a Victorian school since 2009: Most recent Victorian School Attended: _____ <input type="checkbox"/> Yes – I have participated in training at TAFE or other training organisation since the beginning of 2011 List most recent training organisations with which you have participated in training in Victoria since 2011: _____ _____ _____

## Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors, and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

### Collection of your data:

Hallam Community Learning Centre is required to provide the Department with student and training activity data. This includes personal information collected in the Hallam Community Learning Centre enrolment form and unique identifiers such as the Victorian Student Number (VSN). Hallam Community Learning Centre provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at [www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx](http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx)

### Use of your data:

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

### Disclosure of your data:

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure to VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER)

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## Legal and Regulatory:

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

## Survey Participation:

You may be contacted to participate in a survey conducted by NCVET or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

## Consequences of not providing your information:

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

## Access, corrections, and complaints:

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Hallam Community Learning Centre's Program Co-ordinator in the first instance by phone 9703 1688 or email [program@hallamclc.com.au](mailto:program@hallamclc.com.au)

## Further information:

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [www.education.vic.gov.au/7/Pages/privacypolicy.aspx](http://www.education.vic.gov.au/7/Pages/privacypolicy.aspx)

For further information about Unique Student Identifiers, including access, correction and complaints, go to [www.usi.gov.au/Sytudent/Pages/student-privacy.aspx](http://www.usi.gov.au/Sytudent/Pages/student-privacy.aspx)

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

Student's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Applicant under 18 years:

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*Parent/guardian consent is required for all students under the age of 18

## Rules for Government Funding

To receive Australian Government Funding please provide original documentation for us to copy and retain (the copy) for audit purposes. We will require a GREEN Medicare card and a concession card.

## Are you an Australian citizen or Australian Permanent Resident (holder of a permanent visa)?

Yes or  No

If **Yes**, please supply a copy of your green Medicare card and proceed to the **SIGNATURE AND DECLARATION** section.

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**If you are not an Australian citizen or an Australian Permanent Resident (holder of permanent visa)?**

**Please answer the following:**

- Do you hold a special category Visa (sub-class 444 New Zealand citizen)?  Yes or  No
- Do you hold a Temporary Protection visa?  Yes or  No
- Are you an East Timorese asylum seeker?  Yes or  No

## Signature and Declaration

- If there is an emergency, I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I must pay for all my own medical bills and expenses.
- I understand that Hallam Community Learning Centre Inc. will let me know about any planned excursions.

### Photography:

I [do / don't] allow photographs / videos to be taken as part of classes I attend at **Hallam Community Learning Centre Inc.** to be used on display boards, TV screens, webpages, CDs, brochures, posters, newsletters, video, audio, newspaper articles or annual reports.

### Privacy Statement:

- I understand that the data collected by **Hallam Community Learning Centre Inc.** will only be used for statistical purposes and my personal information will not be given to anyone else without written permission.
- I hereby agree that the information provided in this application for enrolment form is completed and accurate.
- I understand and agree to the terms described in this privacy statement.
- I would like to be on the Hallam CLC mailing list:  Via post  Via email

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Applicant under 18 years:

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Refunds:

If a course is cancelled or delayed by HCLC, a full refund will be made available.

A refund will be made available for students if HCLC is notified in writing within **five business days prior to the commencement of the course.**

A \$10 administration fee will be deducted from any refund given.

**No Refunds are available after a course has started due to our not for profit status.**