

Hallam Community Learning Centre Inc.



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



2020 Enrolment Form: Hallam Community Learning Centre

Course Name/s:

Term 1 _____ Term 2 _____
Term 3 _____ Term 4 _____

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

English Comprehension Details

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

If so, which area? Reading Writing Speaking

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

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.**