

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



ENROLMENT FORM: PRE ACCREDITED ACFE

We are committed to the safety, participation and empowerment of all children regardless of abilities, age, gender, sexuality, the cultural safety of Aboriginal children and our CALD community and have zero tolerance for child abuse.

ourse Name:		Term:	Enrolment Date:/_/20_
tudent ld No: VIC S			
<u></u> 110 (, , , , , , , , , , , , , , , , , , ,	00	
Personal Details			
Full Legal Name: Title: F	irst Name:	Surna	ame:
Name you wish to appear on yo			
First Name: _		Surname:	
Gender: □ Male □ Female	☐ Indeterminate/Inter	sex/ Unspecified	
Contact Details Home Phone:			
Mobile Phone	·		
Email:			
Usual Residence Flat/Unit/ Stre	et Number:		
Suburb:			
State:	Postcode: _		
Postal Adress, If different from y			
· ·	et Number:		
State:	Postcode:		
Concession Card Number		Type:	Expiry: / /
Date of Birth: / /		_ ,	
Date of Birth:// Country of Birth:	- Languaç	je:	
Are you of Aboriginal or Torre S	trait Islander: ☐ No	☐ Yes, Abori	iginal
How well do you speak English:			
	<u> </u>		
Emergency Contact Person:	Name:		
	Relationship:		Contact Number:
How did you hear about us?:	☐ Been Before ☐ City	of Casey □ Far	nily/Friend ☐ HCLC Website
	☐ Internet ☐ Job Age	ency 🗆 CCL We	bsite Recommendation
Do you consider yourself to	have a disability. Imp	airment or Long	-term Condition that may require support
in your participation in this c		g	to condition that may require cappent
□ No □ Yes			
If yes, Please indicate the are	as of disablity Impair	ment or Long-te	rm Condition
☐ Aquired Brain Impairment	☐ Hearing/Deaf ☐	_	
☐ Medical Condition ☐ Men	•		
- Medical Condition - Wen	.ai iiii coo 🗀 i iiyoloai		VISION
School/Training Details			
Do you have any difficulty wi	th the English Langua	age?Yes□ No□	☐ Reading ☐ Writing ☐ Speaking
Are you still at school?	Yes □ No □	Ü	
What is your highest COMPL			
☐ Year 12 ☐ Year 11		ear 9 or Equivaler	nt
☐ Year 8 or lower ☐ Ne\	ver Attended School		



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Have you SUCCESSFULLY completed any of these Australian qualifications?

Learn	
Local	

Yes / No

 □ Certificate I □ 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, 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 describ	pes your current employment?				
☐ Agriculture, Forestry, Fishing (A) ☐ Mi	ning (B)				
☐ Manufacturing (C) ☐ Ele	ectricity, Gas, Water and Waste Service (D)				
☐ Construction (E) ☐ W	holesale Trade (F)				
☐ Retail Trade (G) ☐ Ac	commodation and Food Service (H)				
☐ Transport Postal and Warehouse (I) ☐ In	fortion, Media and Telecommunicatin (J)				
☐ Financial and Insurance (K) ☐ Re	ental, Hiring and Real Estate Service (L)				
☐ Professional, Scientific and Technical Service ((M)				
\square Administrative and Support Services (N) \square Pu	ıblic Administration and Safety (O)				
☐ Education and Training (P) ☐ He	ealth Care and Social Assistance (Q)				
☐ Art and Recreation Service (R) ☐ Ot	her Services (S)				
Which of the following BEST describes your c	urrent or recent occupation?				
☐ Manager (1) ☐ Professionals (2)	\square 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				
\square I wanted extra skills for my job \square For my own	interest or self-development				
\square To get better business skills \square To try for a bet	ter career				
\square To get into another course or study \square I had to do this for my job					
Victorian Student Number					
To be completed by all students aged up to 24 ye					
	nal 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.					
Victorian Student Number					



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Have you attended any Victorian Schools │ □ No – I have not attended a Victorian school since



since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider	2009 or a TAFE, or other VET training provider since the beginning of 2011. □ Yes – I have attended a Victorian school since
in Victoria since 2009	2009: Most recent Victorian School Attended:
	☐ 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

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)

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 NCVER 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, correction 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.



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For further information, please contact Hallam Community Learning Centre's Program Co-ordinator in the first 9703 1688 or email program@hallamclc.com.au	instance by phone
Further information: For further information about the way the Department collects and handles personal information, including accomplaints, go to www.education.vic.gov.au7/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	cess, correction and
I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice. Students Signature: Date: _/_/_ Parent/Guardian Signature*: Date: _/_/_ *Parent/guardian consent is required for all students under the age of 18	
Dulas for Covernment Funding	
Rules for Government Funding To receive Australian Government Funding please provide original documentation for us to copy and retain	(the copy) for guidit
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 / No. If Yes please supply a copy of your green Medicare card and proceed to the SIGNATURE AND DECLARATION.)
If not an Australian citizen or an Australian Permanent Resident (holder of permanent visa)? Please ar following:	nswer the
Do you hold a special category Visa (sub-class 444 New Zealand citizen)? Yes \Box No \Box	
Do you hold a Temporary Protection visa?	∕es □ No □
Are you an East Timorese asylum seeker?	Yes □ No □
SIGNATURE AND DECLARATION If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including travel, medical treatment, and hospitalisation. I understand that I have to pay for all my own medical bills and expenses. I understand that Hallam Community Learning Centre Inc. will let me know about any planned excurse.	
PHOTOGRAPHY Do you allow photographs/videos to be taken as part of classes at Hallam Community Learning Centre Inc. to boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or A	

PRIVACY STATEMENT

I understand that:

The date collected by **Hallam Community Learning Centre Inc.** will only be given to The Department as stated in the VET Student Enrolment Privacy Notice. **Hallam Community Learning Centre Inc.** will not give any personal information about you to anyone else without your written permission. This is the law known as the Privacy Act, (2001).

For more information in relation to how student information may be used or disclosed please contact **Hallam Community Learning Centre Inc.** Staff on 97031688 or program@hallamclc.com.au

I understand and agree to the terms described in this privacy statement.

I hereby agree that the information provided in this application for enrolment form is completed and accurate.

Signature:_____ Date:__/_/___

Applicant under 18 years
Parent / Guardian Name:

Parent / Guardian signature: ______ Date: __/ /

Please ensure you have attached proof of your Australian citizenship or Residential Status

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 <u>five business days prior to the commencement of the course.</u>

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.



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Application for Membership of the Hallam Community Learning Centre

Membership fees apply to all users accessing any of the services/programs at Hallam Community Learning

Centre. The membership fee is an annual fee January to December.		
YEAR COMMENCING: JANUARY 20		
FAMILY NAME:		
FIRST NAMES OF ALL FAMILY MEMBERS WHO MAY COME TO THE CENTRE DURING THE YEAR		
1 3		
2 4		
Address:		
Post Code:		
Phone No: Mob:		
Email:		
Membership fee \$ Signed:		
\$5.00 single/concession, \$8.00 per family or \$12 full financial member (voting rights)		
Photography Permisson		
I(name)		
□ do (please tick which applies) □ do not		
give permission for myself, my child or other members of my family as listed above to have their photograph taken and used in promotional materials such as our newsletters & displays, brochures & flyers, our website, our Facebook page, local media and celebrations within the Hallam Community Learning Centre such as Christmas, other members birthdays, etc. We will endeavour to make sure your wishes are met but if you do not wish to be photographed, please step out of the picture to avoid any difficulties, thank you.		
Signed: Dated: / _/20		
Mailing List		
I, ☐ do (please tick which applies) ☐ do not wish to be sent information on upcoming courses, newsletters, and upcoming events for the Hallam Community Learning Centre.		
Please send all correspondence via — email (please tick which applies) — post		