



ROBINSON RESERVE NEIGHBOURHOOD HOUSE – ENROLMENT FORM (ACFE courses)

English as Another Language

Term, Year _____

Which EAL class are you enrolling in? Please tick.

Beginners English

English Conversation

Intermediate English

PERSONAL AND CONTACT DETAILS

Mr Mrs Miss Ms Dr Hon

Family Name

Given Names

Address

Suburb

Post Code

Telephone Home

Work

Mobile

Email

Gender

Date of Birth

EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

- Unpaid worker in a family business
- Employer
- Full time employee
- Unemployed – not seeking work
- Part time employee
- Self-employed (not employing others)
- Unemployed seeking full time work
- Unemployed seeking part time work

If you are currently employed, what is your job title? _____

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other _____

Do you speak a language other than English at home? No, English only

Yes _____

How well do you speak English? Very well Well

Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin? No Yes

SCHOOLING

Are you still attending secondary school? Yes No

What is your highest completed school level? Tick one only.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never attended school

In which year did you complete the above level? _____

Have you successfully achieved any of the following qualifications? Yes No

- Bachelor Degree or higher Degree
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma
- Certificate IV or Advanced Certificate
- Certificate III or Trade Certificate
- Certificate II
- Certificate I

Was this completed in Australia? Yes No

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If yes, please indicate the area/s of disability, impairment or long-term condition.

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired brain impairment
- Vision
- Medical condition
- Other _____

CONCESSION TYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> Age Pension | <input type="checkbox"/> Carers Pension | <input type="checkbox"/> Disability Support Pension |
| <input type="checkbox"/> Mature Allowance | <input type="checkbox"/> Newstart Allowance | <input type="checkbox"/> Newstart Mature Allowance |
| <input type="checkbox"/> Youth Allowance | <input type="checkbox"/> Partner Allowance | <input type="checkbox"/> Parenting Payment Single |
| <input type="checkbox"/> Widow Allowance | <input type="checkbox"/> Veteran Concession | <input type="checkbox"/> Family Allowance Supplement |
| <input type="checkbox"/> Special Benefit | <input type="checkbox"/> Sickness Allowance | <input type="checkbox"/> Low Income – Health Care Card |

MARKETING

How did you find out about this course?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> RRNH Website | <input type="checkbox"/> Other website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Gumtree |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Job Network |
| <input type="checkbox"/> Other _____ | |

Would you like to receive our e-newsletters and updates about RRNH programs and projects?

-
- Yes
-
- No

TRAVEL

How will you travel to Robinson Reserve Neighbourhood House?

-
- By foot
-
- Bicycle
-
- Car
-
- Public transport
-
-
- Other _____

STAFF USE ONLY

Date of enrolment	/ /		
Amount paid \$	Receipt number #		
Method of payment	Cash	Eftpos	Credit Card Cheque
Staff name			

PRIVACY NOTICE

Robinson Reserve Neighbourhood House is required by State and Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the Information Privacy Principles Privacy Act 1988. All information provided will be stored securely to maintain your privacy and confidentiality. All records are destroyed by shredding when the date for storage expires. Your personal information is not given to any person without your prior consent. To access or update your record contact the ACFE Coordinator on 9386 7128.

USE AND DISCLOSURE OF TRAINING RELATED INFORMATION

I give Robinson Reserve Neighbourhood House employees, government or funding-body auditors the right to view training related information and files held in my name.

TERMS AND CONDITIONS

By signing this form I hereby accept the terms and conditions of enrolment. I understand that if I withdraw within two (2) weeks of commencement I will be given a refund less 10% administrative cost. After this time I will forfeit my fees in total.

Signature _____ Date _____

PHOTOGRAPHIC IMAGES, VIDEO IMAGES, WRITING AND QUOTATIONS

I give my consent and approval for the use of my photographic images, video images, writing and quotations, by Robinson Reserve Neighbourhood House for promotional activities. I also confirm that no payment or benefit will be sought by me for the use of any of the above by Robinson Reserve Neighbourhood House. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

Signature _____ Date _____