



bringing the community together

phone 9782 0133  
fax 9782 0379

203-205 Lyrebird Drive  
Carrum Downs 3201

admin@lyrebird.org.au  
www.lyrebird.org.au

ABN: 68 590 261 969 Reg No: A0028779R

## ENROLMENT FORM 2017

You have the right to provide as much or as little information as you choose, however the collection of this data will assist us with statistics and planning.

**Office Use Only**

Enrolment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student I.D.: \_\_\_\_\_

U.S.I.: \_\_\_\_\_

Course(s) Enrolled In: \_\_\_\_\_

**Contact Information** (for Children’s Activities, please fill in this form using parent’s details)

Title (Mr, Mrs, Miss, Ms) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender Female  Male

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile / Work \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Language and Cultural Diversity**

Country born in (if other than Australia) ? \_\_\_\_\_

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

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander

Language spoken at home (if other than English) ? \_\_\_\_\_

If you speak a language other than English, how well do you speak English?

Very well  Well  Not well  Not at all

**Residency Status** (please tick)

Australian Citizen  A holder of a Permanent Visa

An East Timorese Asylum Seeker  A holder of a Temporary Protection Visa

A holder of a Special Category Visa (sub-class 444)

Other \_\_\_\_\_

Please note: To be eligible for a Government funded place in a course, you will be asked to provide evidence. If you cannot provide evidence of permanent Australian Residency, you will not be eligible. You can apply for a Fee-for-Service place in a class if a place is available.

**Office Use Only:** Evidence of residency sighted Yes  No  Staff Initial: \_\_\_\_\_

**Concession Type** (please tick) **Evidence of concession must be photocopied and attached**

- |                                       |                          |                               |                          |
|---------------------------------------|--------------------------|-------------------------------|--------------------------|
| None                                  | <input type="checkbox"/> |                               |                          |
| Pensioner Concession Card             | <input type="checkbox"/> | Health Care Card              | <input type="checkbox"/> |
| Veteran Gold Card Concession          | <input type="checkbox"/> | VCE Scholarship               | <input type="checkbox"/> |
| Job Seeker and Concession Card Holder | <input type="checkbox"/> | Job Seeker no Concession Card | <input type="checkbox"/> |
| Prisoner                              | <input type="checkbox"/> | Other                         | <input type="checkbox"/> |

**Employment Status**

- |                                      |                          |                                       |                          |
|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Full time employee                   | <input type="checkbox"/> | Employed - unpaid family worker       | <input type="checkbox"/> |
| Part time employee                   | <input type="checkbox"/> | Unemployed - seeking full time work   | <input type="checkbox"/> |
| Self employed - not employing others | <input type="checkbox"/> | Unemployed - seeking part time work   | <input type="checkbox"/> |
| Employer                             | <input type="checkbox"/> | Not Employed - not seeking employment | <input type="checkbox"/> |
| Not stated                           | <input type="checkbox"/> |                                       |                          |

**If employed, please state occupation:** \_\_\_\_\_

**Study Reason**

- |                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| To get a job                     | <input type="checkbox"/> | It was a requirement of my job            | <input type="checkbox"/> |
| To develop my existing business  | <input type="checkbox"/> | I wanted extra skills for my job          | <input type="checkbox"/> |
| To start my own business         | <input type="checkbox"/> | To get into another course or study       | <input type="checkbox"/> |
| To try for a different career    | <input type="checkbox"/> | For personal interest or self development | <input type="checkbox"/> |
| To get a better job or promotion | <input type="checkbox"/> | Other                                     | <input type="checkbox"/> |

**Previous Study**

Are you still attending Secondary School? Yes  No

If no, what is your highest Secondary School level? \_\_\_\_\_ When: \_\_\_\_\_

Have you successfully completed any of the following qualifications in Australia?

- |                                      |                          |   |                          |
|--------------------------------------|--------------------------|---|--------------------------|
| Bachelor Degree or Higher            | <input type="checkbox"/> | Certificate I                                     | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> | Certificate II                                    | <input type="checkbox"/> |
| Diploma or Associate Diploma         | <input type="checkbox"/> | Certificate III or Trade Certificate              | <input type="checkbox"/> |
| Certificate other than listed        | <input type="checkbox"/> | Certificate IV or Advanced Certificate/Technician | <input type="checkbox"/> |

Do you have skills and knowledge obtained through work or life experience outside the formal educational and training system? If yes, you may be eligible to apply for Recognition of Prior Learning (RPL) status. Please see the RTO Officer for further details.

**Medical Status - providing information about a disability will not disadvantage your application. It is collected to ensure that we provide appropriate information on support services available to students.**

Do you consider yourself to have a disability, impairment or long-term condition? Yes  No

Do you require special assistance? Yes  No

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

(You can indicate more than one)

- |                   |                          |                           |                          |              |                          |
|-------------------|--------------------------|---------------------------|--------------------------|--------------|--------------------------|
| Hearing/Deaf      | <input type="checkbox"/> | Physical                  | <input type="checkbox"/> | Intellectual | <input type="checkbox"/> |
| Mental Illness    | <input type="checkbox"/> | Acquired Brain Impairment | <input type="checkbox"/> | Vision       | <input type="checkbox"/> |
| Medical Condition | <input type="checkbox"/> | Learning                  | <input type="checkbox"/> | Other        | <input type="checkbox"/> |



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Where did you learn about this course ?

- Term Program [ ] Friend [ ] Lyrebird's Website [ ]
Local Newspaper [ ] Notice Board [ ] Job Service Agency [ ]
Other (please specify) \_\_\_\_\_

Would you like us to send you notifications about courses by email ? Yes [ ] No [ ]

Children's Activities Only

- 1. First Name \_\_\_\_\_ Surname \_\_\_\_\_
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender Female [ ] Male [ ]
2. First Name \_\_\_\_\_ Surname \_\_\_\_\_
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender Female [ ] Male [ ]
3. First Name \_\_\_\_\_ Surname \_\_\_\_\_
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender Female [ ] Male [ ]

Does your child have any allergies, sensitivities or dietary restrictions? Yes [ ] No [ ]

If yes, please give details: \_\_\_\_\_

Please note: If you are enrolling in a Children's Activity aged 6 - 12 years, all children must be dropped off and picked up by an adult/guardian inside the Centre.

Fees

A deposit of 50% is payable to confirm your place in a course. Full payment is required seven days prior to course commencing. Payments can be made in person by cash, EFTPOS, Visa/MasterCard or cheque. We also accept credit card payments over the phone which may incur a surcharge. Cheques should be made payable to "Lyrebird Community Centre Inc". An administration fee of \$5.50 (incl. GST) will be incurred if an invoice is required. Third party payments will be charged the full price. Where students are enrolled in courses by agencies assisting or advocating on behalf of those students and the agency is funded (usually by the Commonwealth) to assist those students and will be paying the fee, the full fee applies. There will be no classes on public or school holidays (except in special pre-arranged circumstances).

## Refunds

Lyrebird Community Centre Inc. is not responsible for changes in participants circumstances. Courses should be chosen carefully. Programs are run subject to enrolment numbers and therefore courses with low enrolments may be cancelled or deferred. If Lyrebird Community Centre Inc. should cancel a course, we will notify you and a full refund will be given. If a participant cancels during a course or up to 7 days prior to a course commencing, no refund will be given. Prior to this a refund will be given, less a \$10 administration cost. For further information regarding the refund policy contact Lyrebird Community Centre. Lyrebird Community Centre Inc. reserves the right to change course days, rooms, fees and tutors when necessary.

## Privacy

Lyrebird Community Centre acknowledges and respects the privacy of all individuals. We are required to provide student and training activity data (which may include information provided in this enrolment form) and statistical data to government funding bodies, including the Victorian Government through Skills Victoria. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

All data collected is managed in line with the Privacy & Data Protect Act 2014, the Education and Training Reform Act 2006 and the Charter of Human Rights and Responsibilities Act 2006 (Vic) and it's principals. Lyrebird Community Centre Inc. observes all relevant information and treats all communication as confidential.

## Student / Participant Declaration

The above named student / participant, does indemnify the Lyrebird Community Centre Inc. in respect of all claims, demand action and suits arising out of a breach of any of the said legislation, laws, or by-laws, and any associated obligation, and for any related expenses and costs incurred by Lyrebird Community Centre Inc.

I acknowledge that as a student / participant that the Lyrebird Community Centre Inc. together with its staff and volunteers will not accept responsibility for any personal loss, injury or damage as a result of my/our attendance. I have read and understand the Centre's Refund Policy.

I acknowledge that I may be photographed or filmed during my attendance at the Lyrebird Community Centre. Photographs or videos may be used for program records, brochures, website, newspapers or other promotional purposes.

I understand and consent that the information contained in this form may be provided to State and Commonwealth agencies. I declare to the best of my knowledge the information entered on this form is true and correct, and that I have declared my proper highest level qualification that I have achieved.

Signature \_\_\_\_\_

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